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(12) **United States Patent**
Dorian et al.

(10) **Patent No.:** **US 10,729,589 B2**
(45) **Date of Patent:** **Aug. 4, 2020**

(54) **COMPRESSIVE OXYGEN DIFFUSIVE WOUND DRESSINGS**

13/022 (2013.01); *A61F 13/025* (2013.01);
A61M 35/30 (2019.05); *A61M 37/00*
(2013.01);

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(Continued)

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Alexander B. Izvorski, San Francisco, CA (US)

(58) **Field of Classification Search**

None
See application file for complete search history.

(73) Assignee: **Hanuman Pelican, Inc.**, New Orleans, LA (US)

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(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 598 days.

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(21) Appl. No.: **15/431,589**

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(22) Filed: **Feb. 13, 2017**

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(65) **Prior Publication Data**

US 2017/0165117 A1 Jun. 15, 2017

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U.S. Appl. No. 13/680,003, filed Oct. 11, 2012.

(Continued)

Related U.S. Application Data

Primary Examiner — Kim M Lewis

(60) Division of application No. 13/692,343, filed on Dec. 3, 2012, now Pat. No. 9,572,968, which is a continuation-in-part of application No. 13/650,003, filed on Oct. 11, 2012, now Pat. No. 9,345,869.

(74) *Attorney, Agent, or Firm* — Levine Bagade Han LLP

(51) **Int. Cl.**

A61F 13/00 (2006.01)

A61M 35/00 (2006.01)

A61M 37/00 (2006.01)

A61F 13/02 (2006.01)

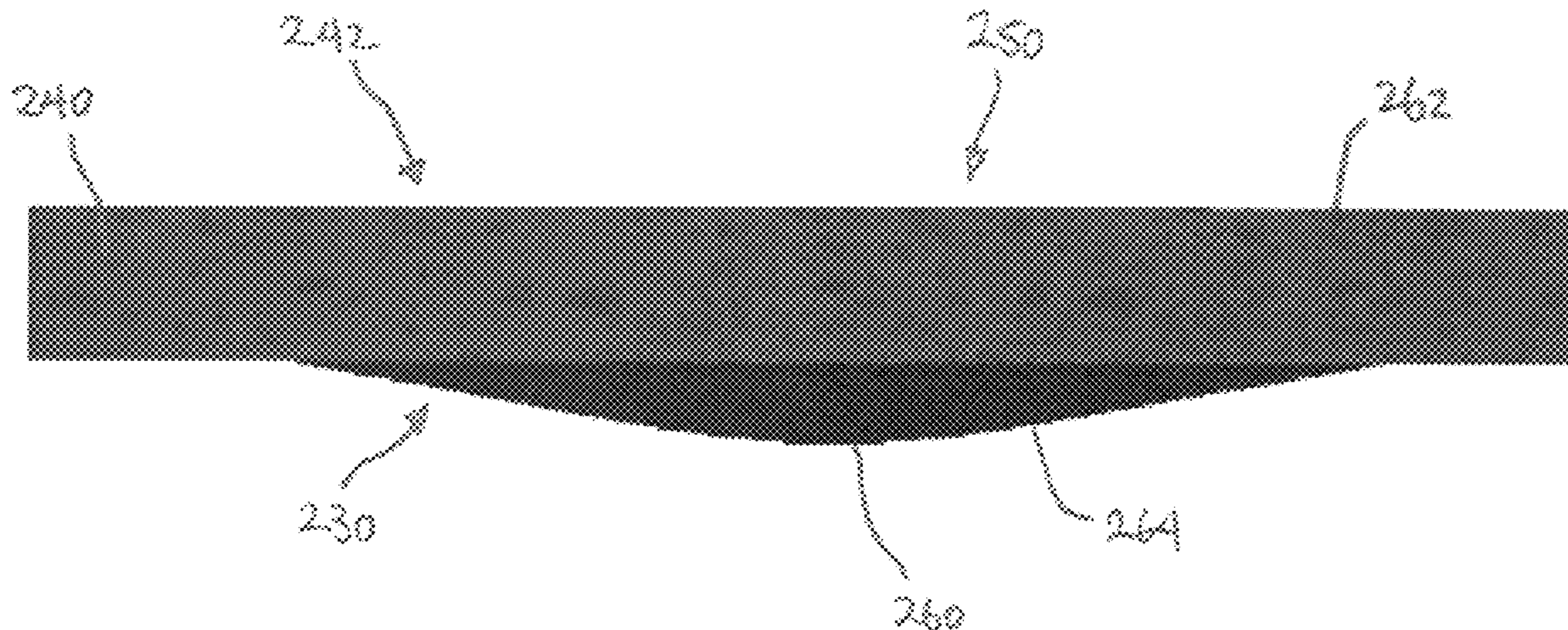
(57) **ABSTRACT**

Oxygen diffusive wound dressings and methods of manufacturing and use are described herein. The wound dressing may generally provide a ready supply of oxygen to a wound being treated via one or more oxygen conduits which are designed to pass oxygen from ambient air or other oxygen reservoirs into proximity to the wound, and may also provide for exudate removal through transecting channels in fluid communication with both the wound surface and a hydrophilic absorbent material.

(52) **U.S. Cl.**

CPC .. *A61F 13/00068* (2013.01); *A61F 13/00029*
(2013.01); *A61F 13/00063* (2013.01); *A61F*

11 Claims, 34 Drawing Sheets



(52) **U.S. Cl.**
 CPC *A61F 2013/0028* (2013.01); *A61F 2013/00246* (2013.01)

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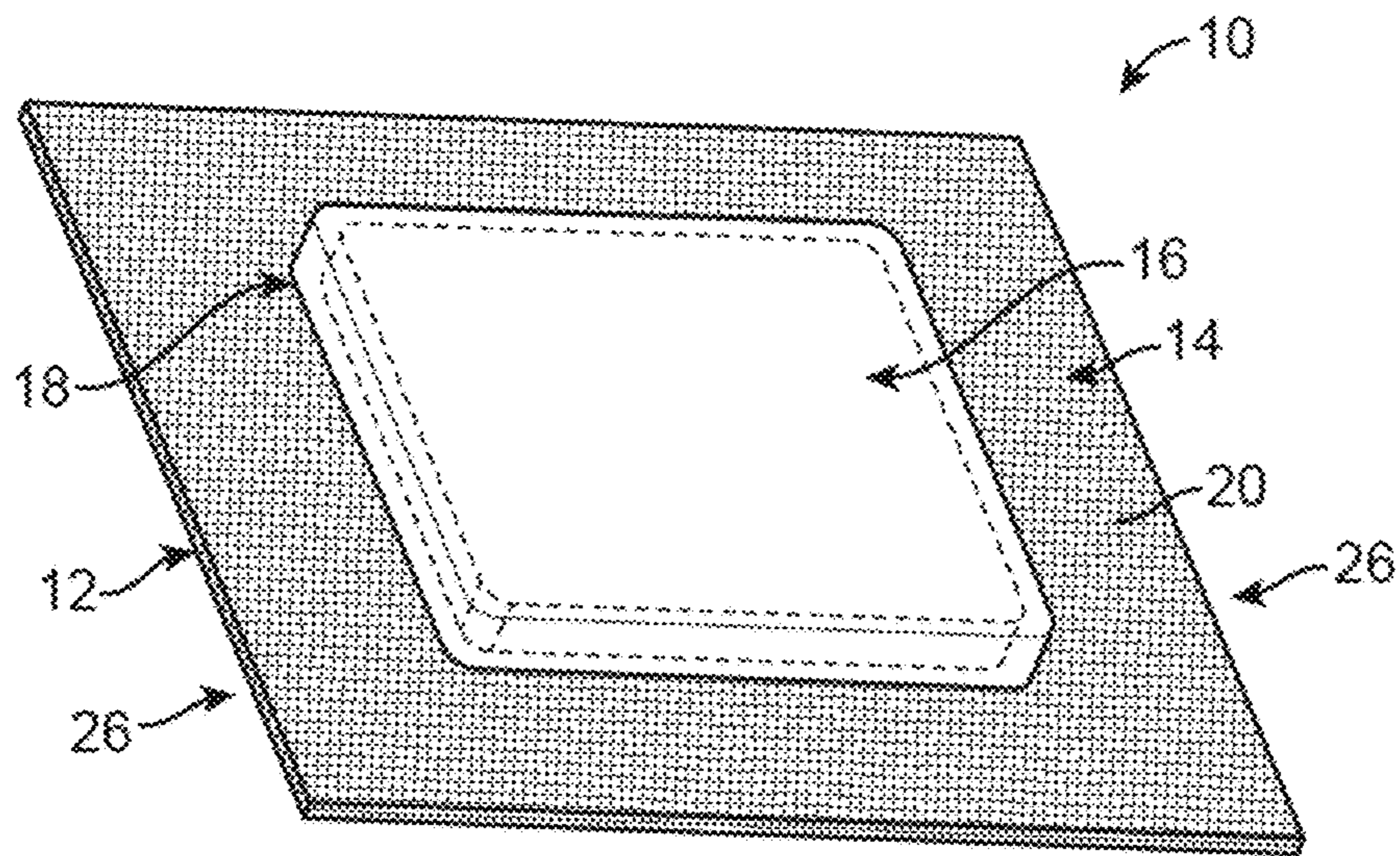


FIG. 1A

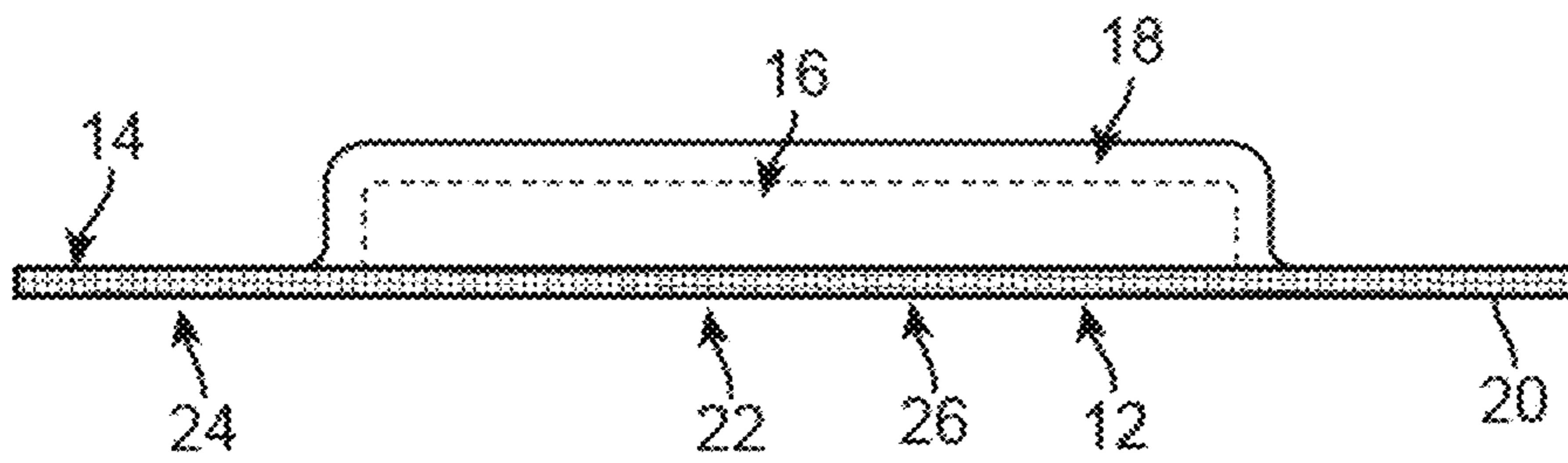


FIG. 1B

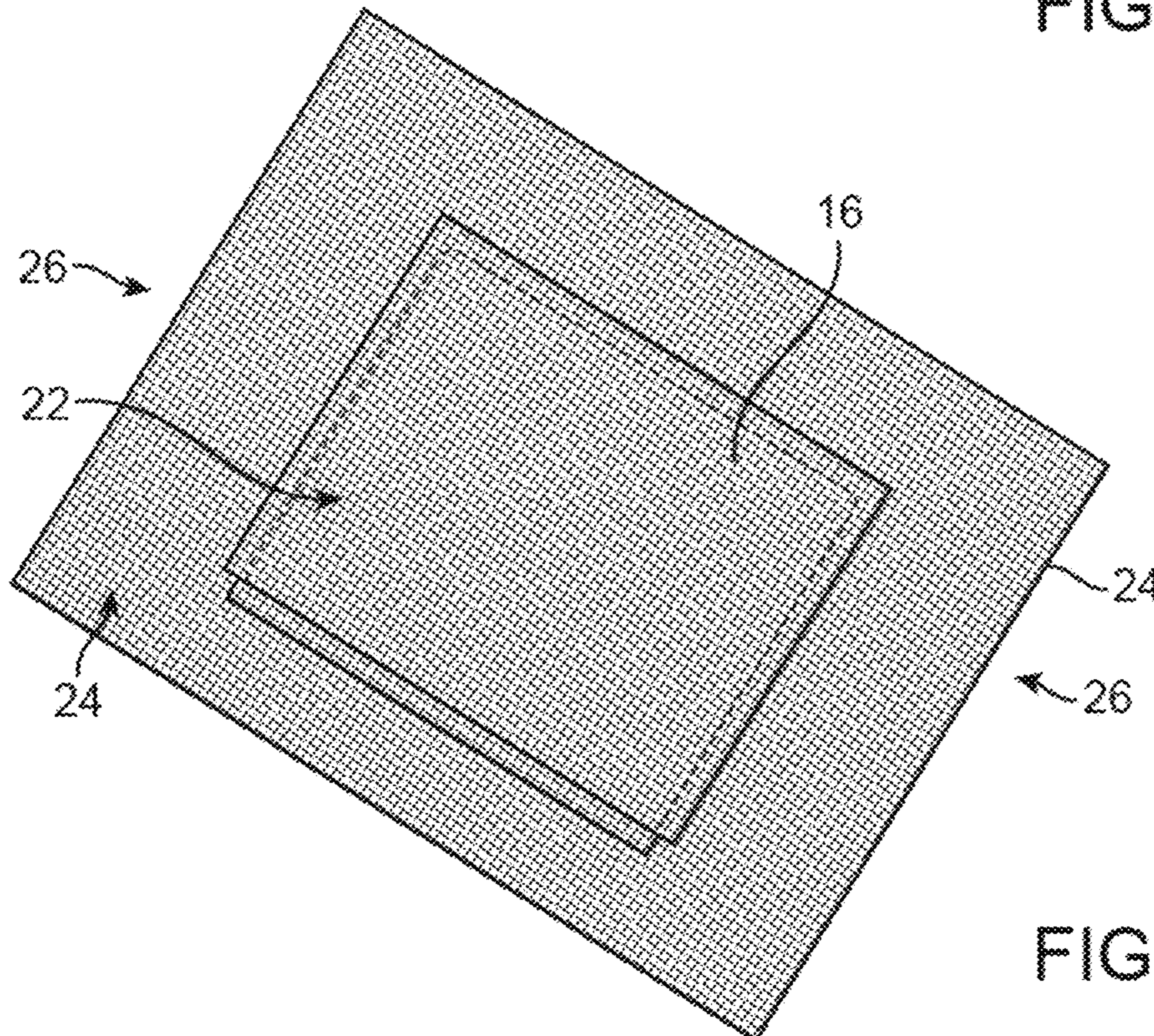


FIG. 1C

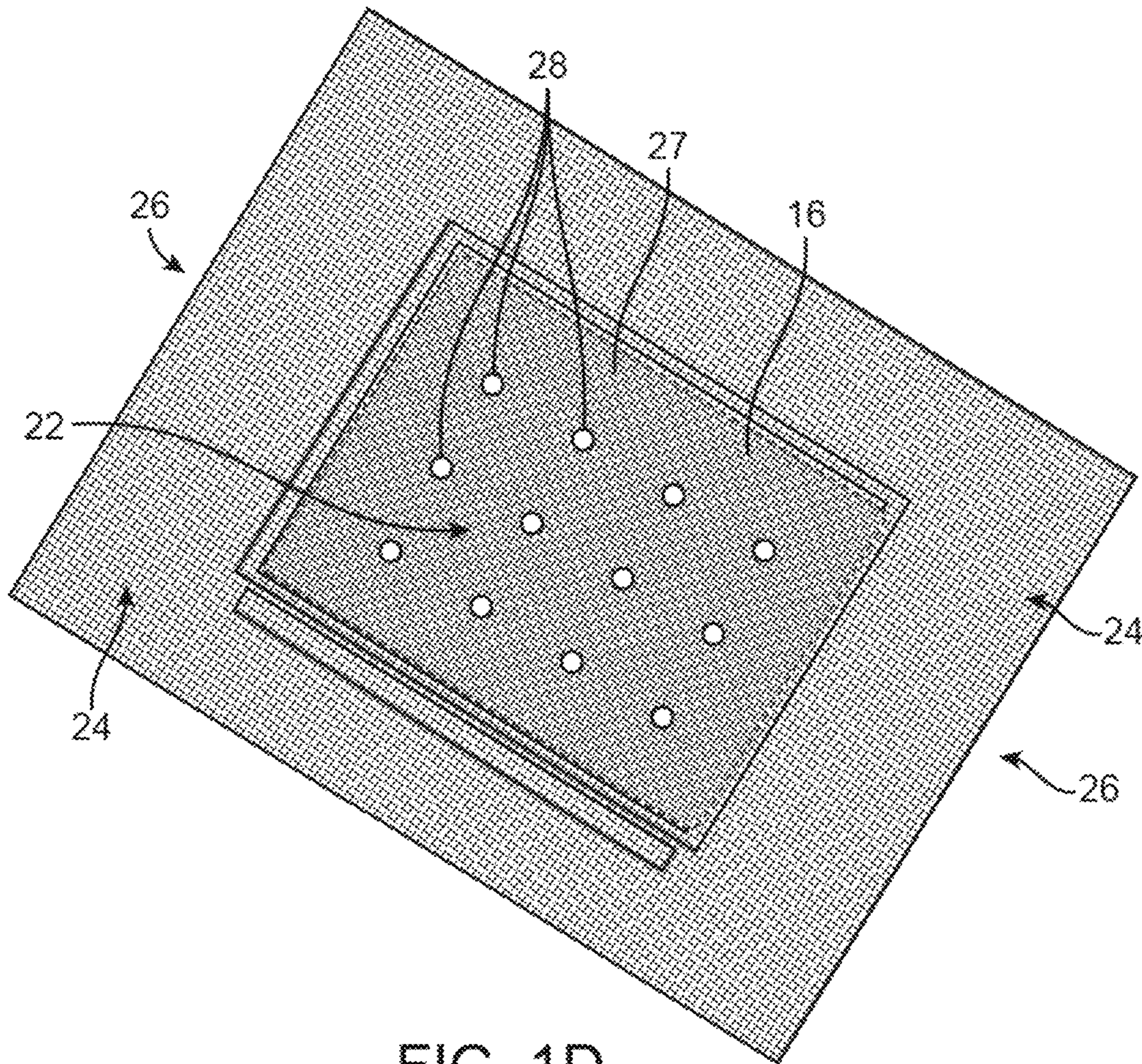


FIG. 1D

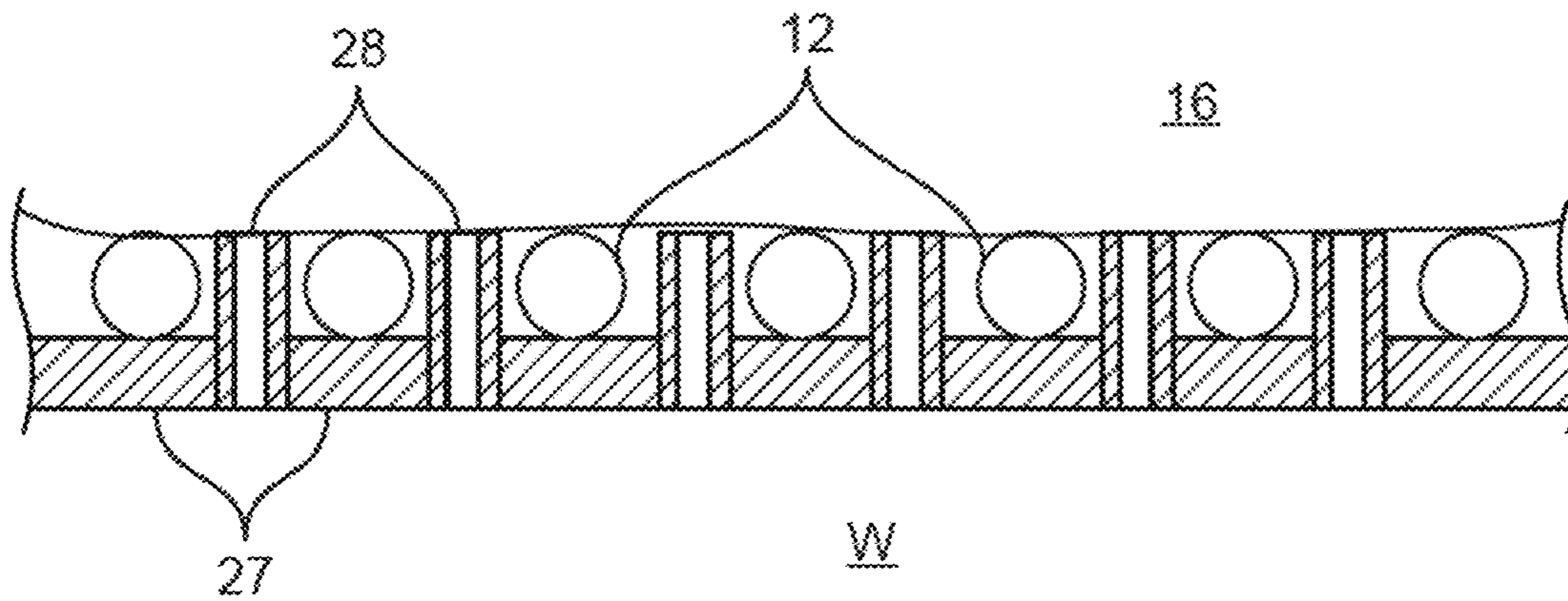


FIG. 1E

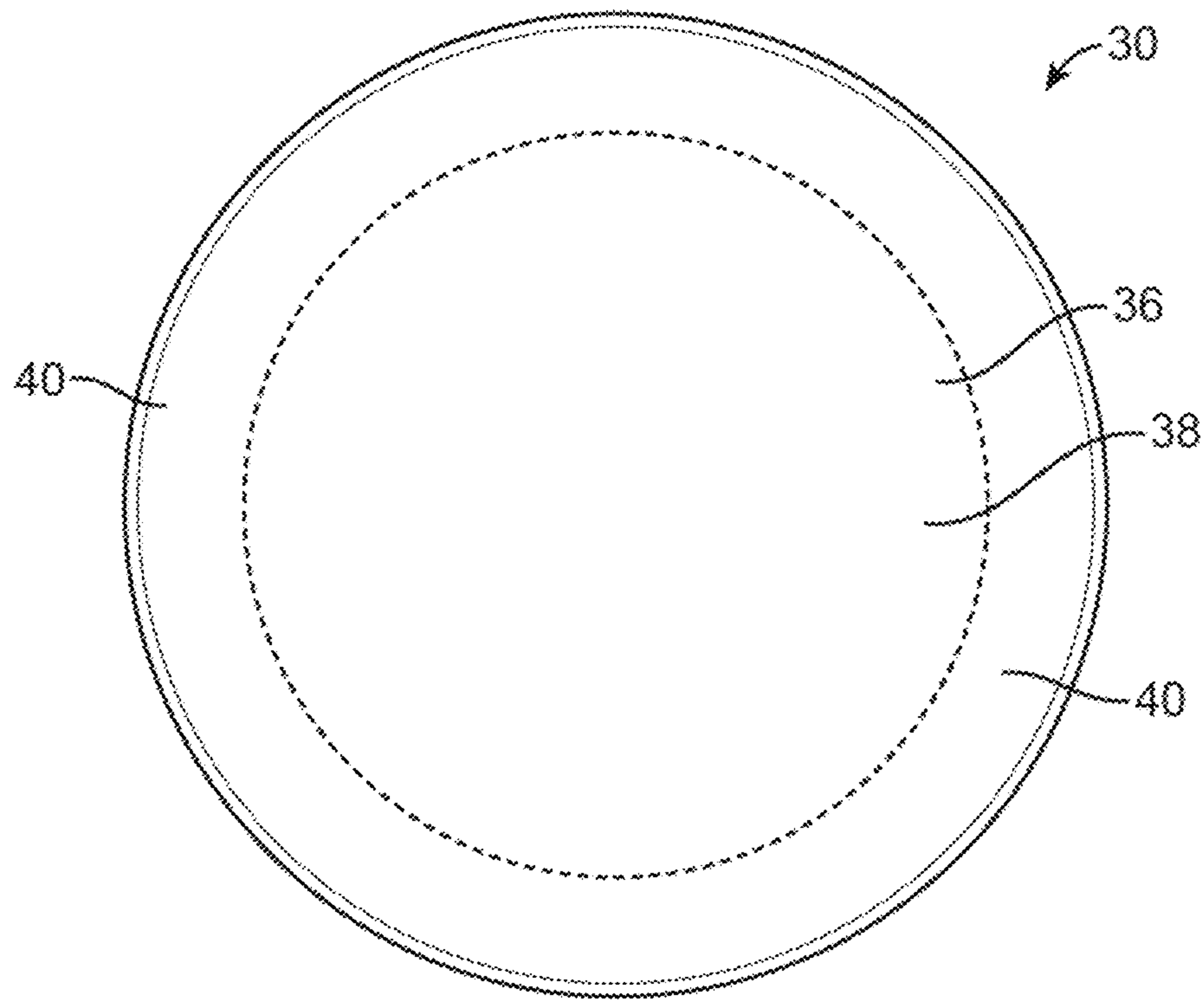


FIG. 2A

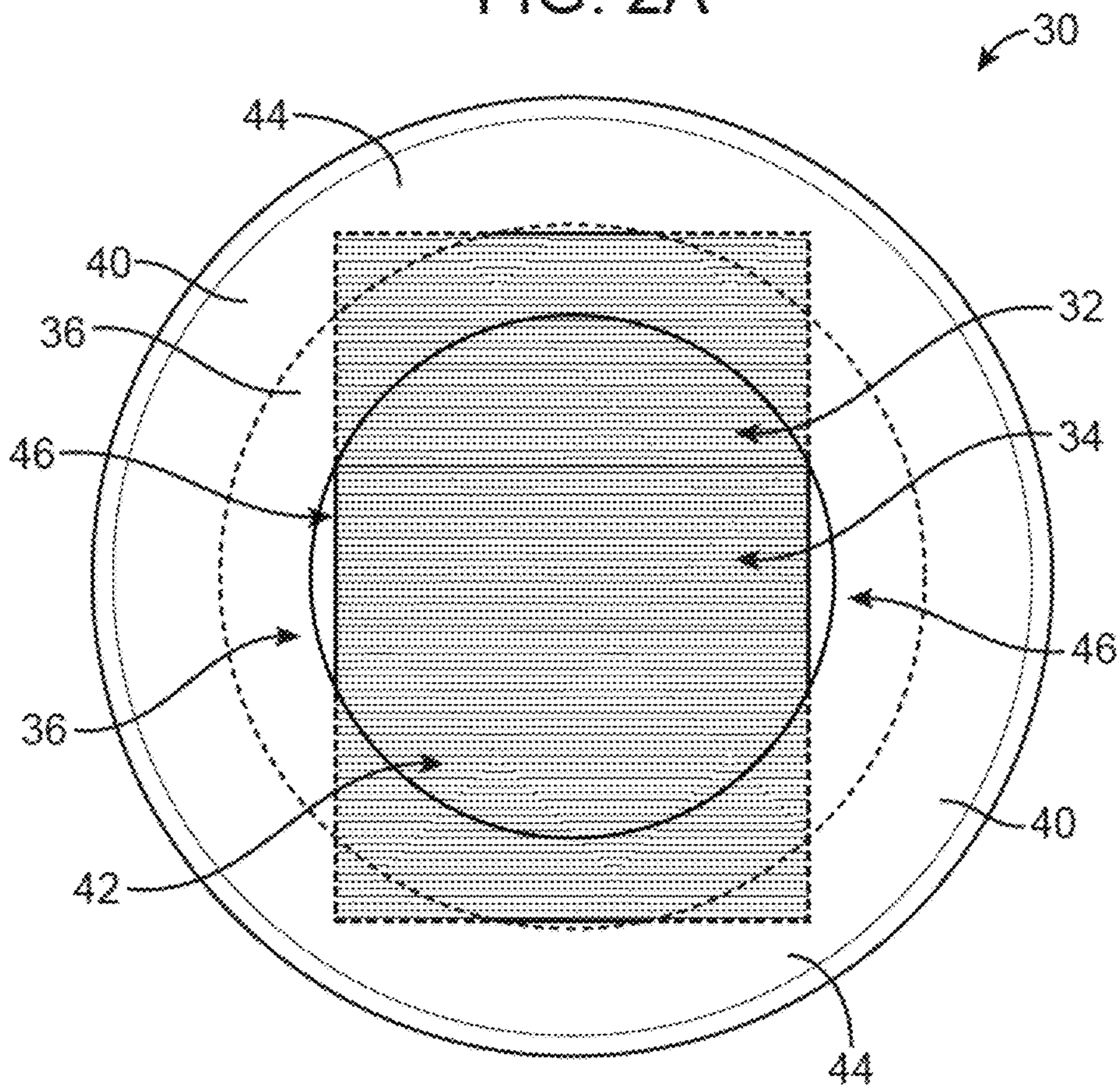


FIG. 2B

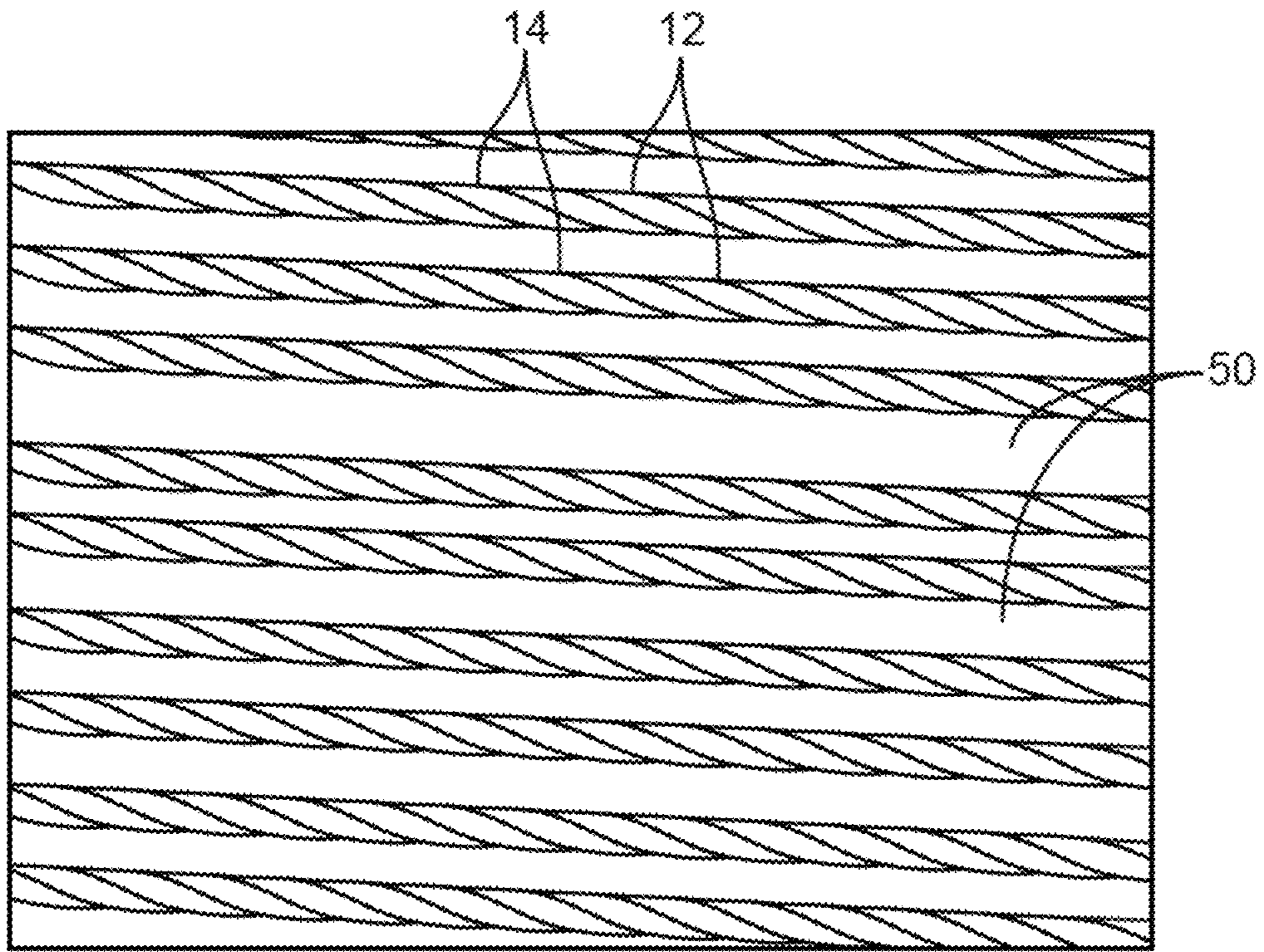


FIG. 3A

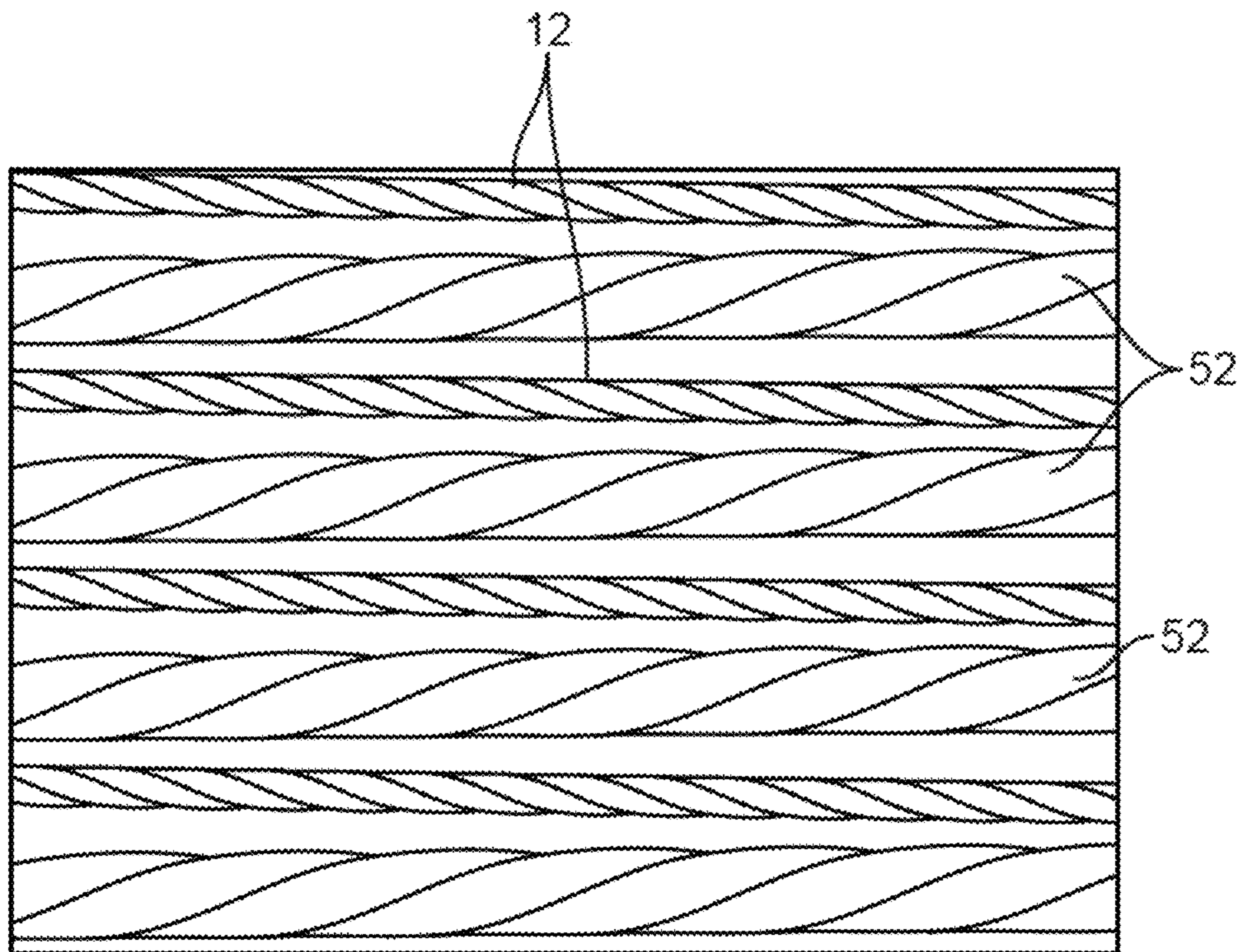


FIG. 3B

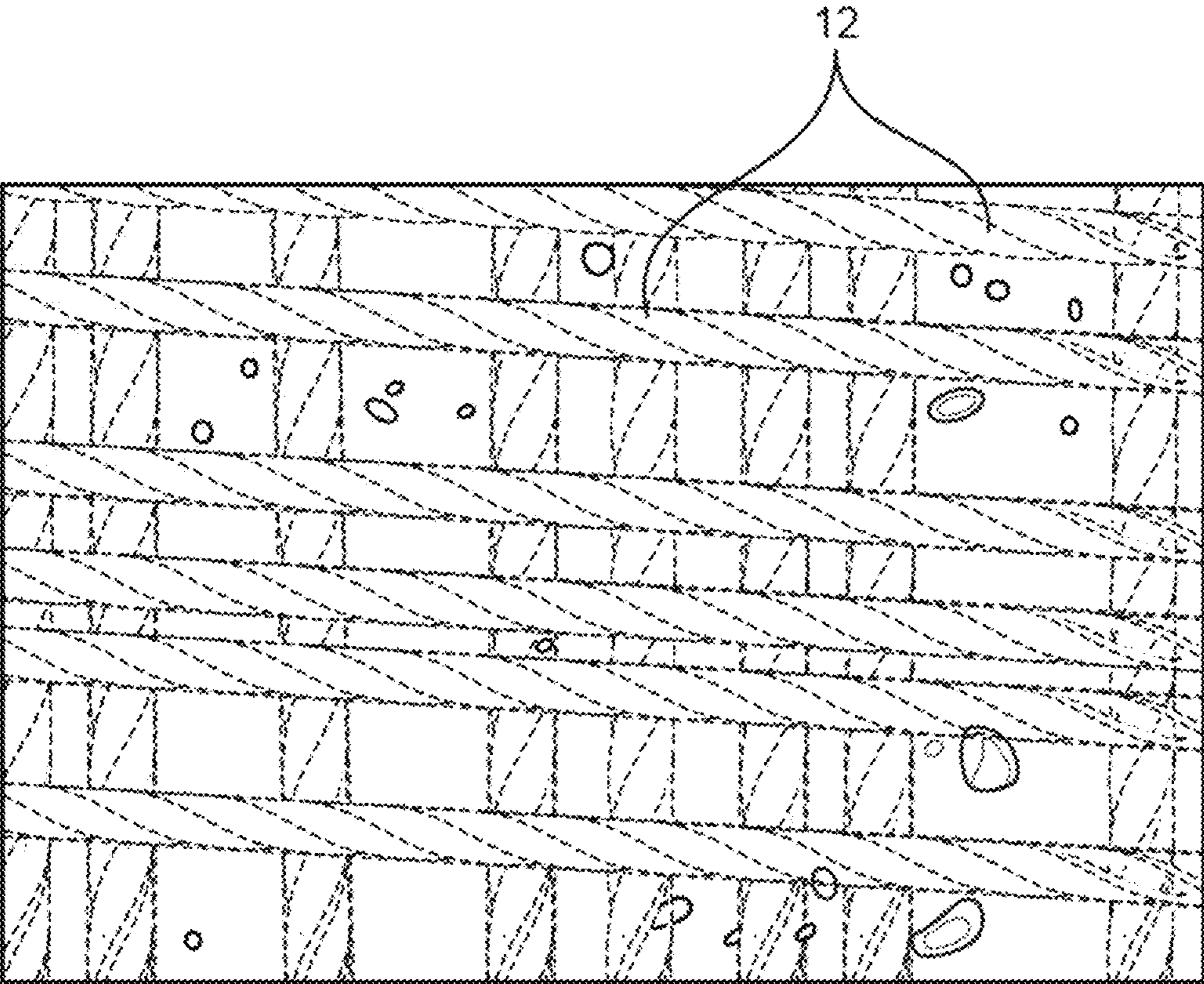


FIG. 3C

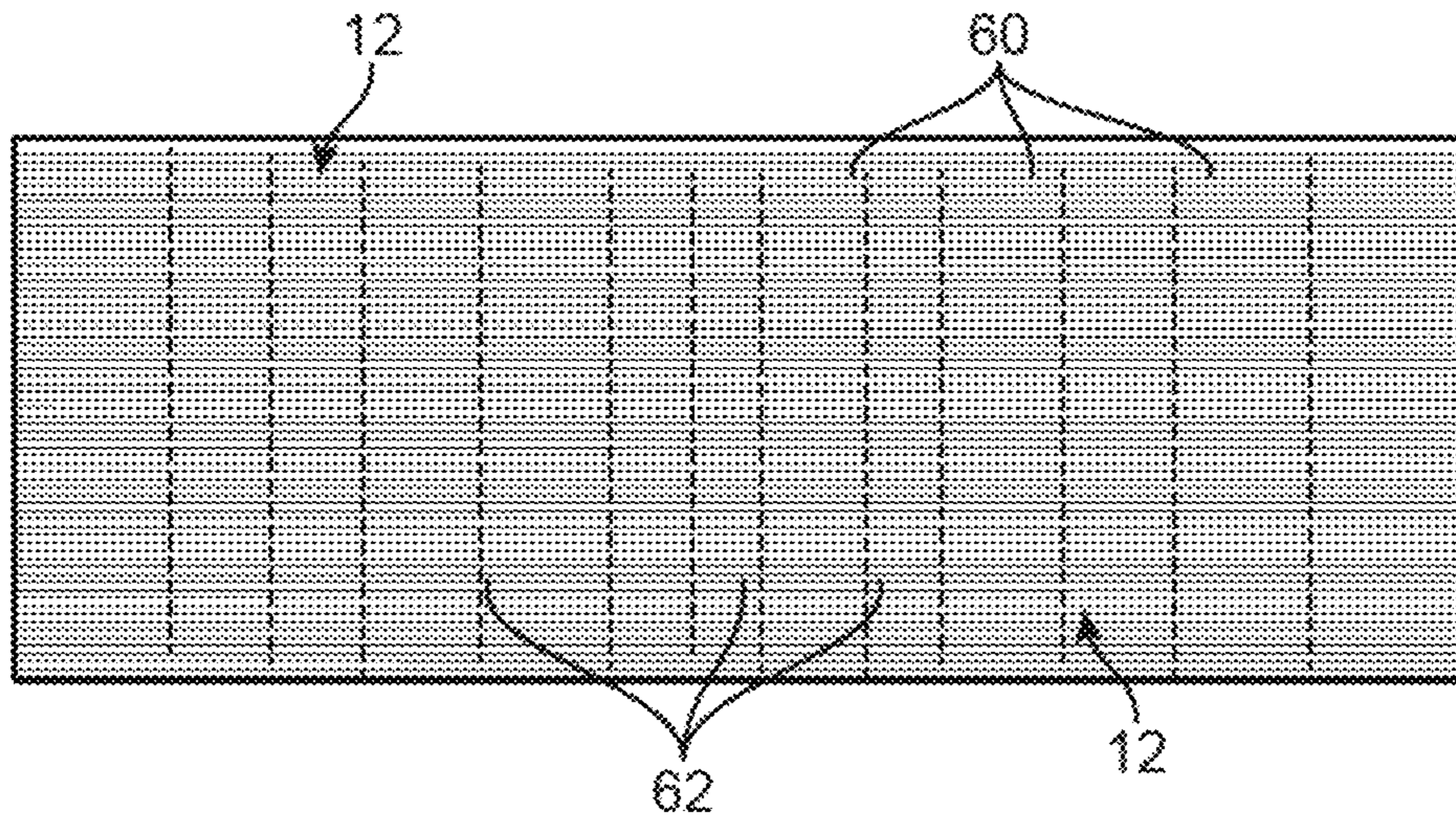


FIG. 4A

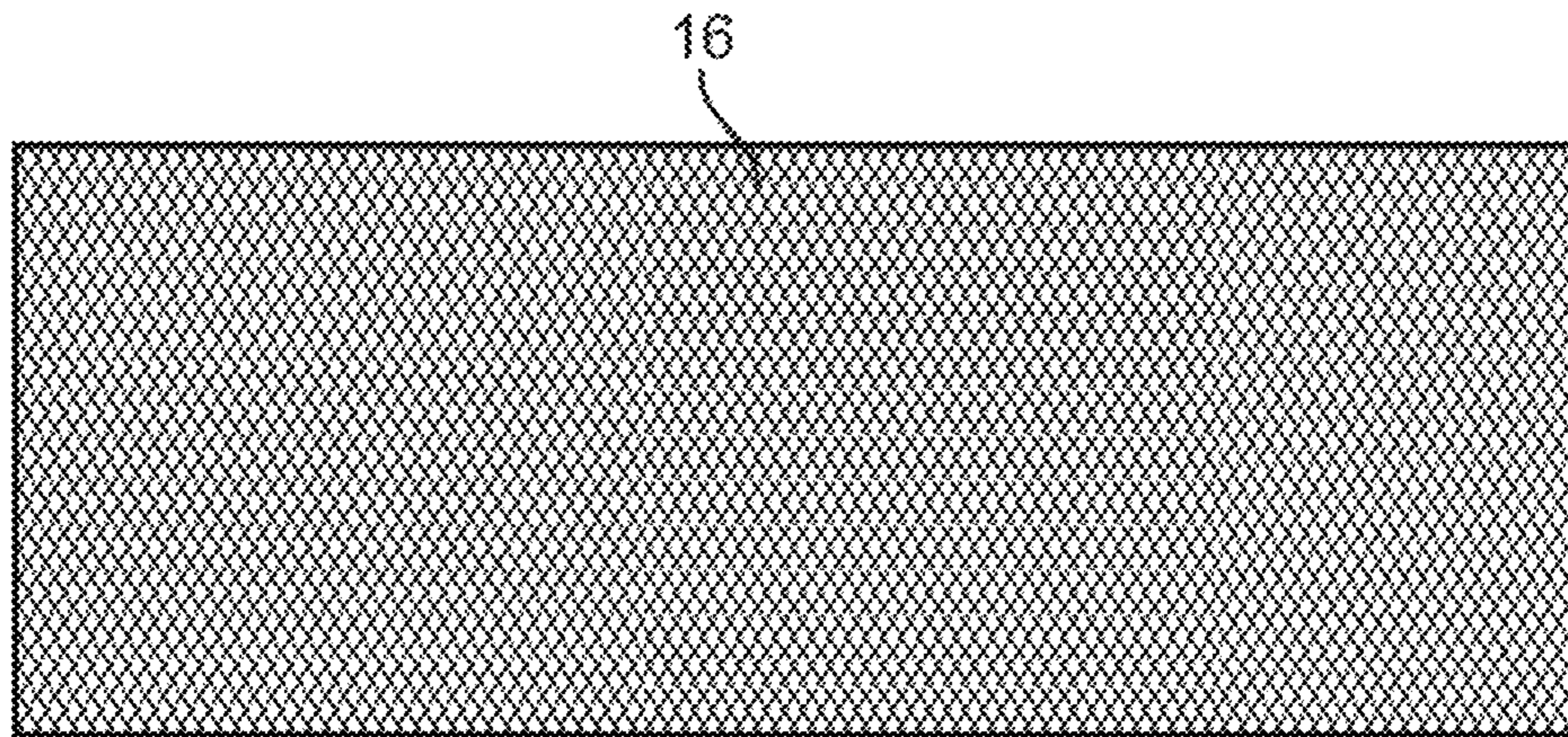


FIG. 4B

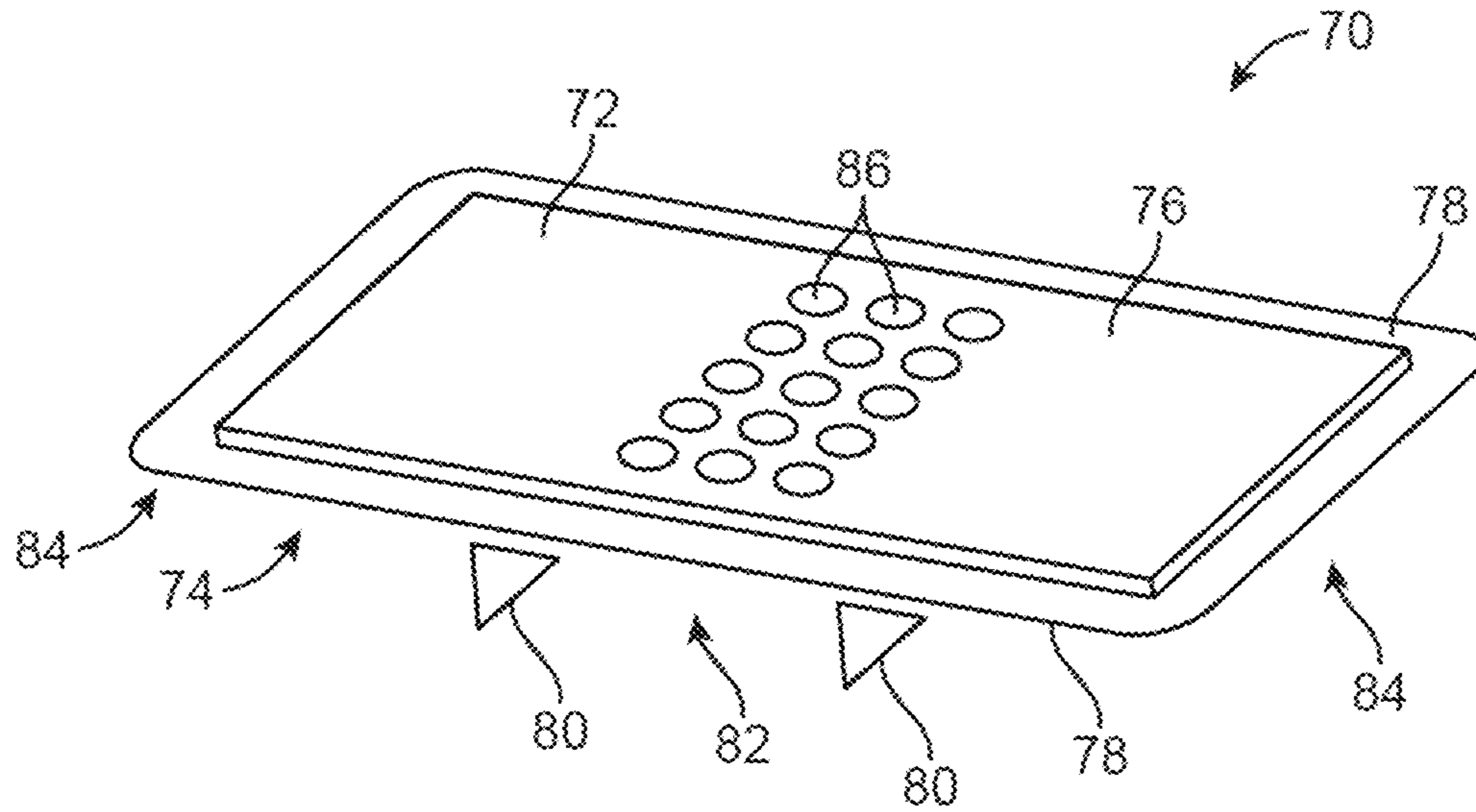


FIG. 5A

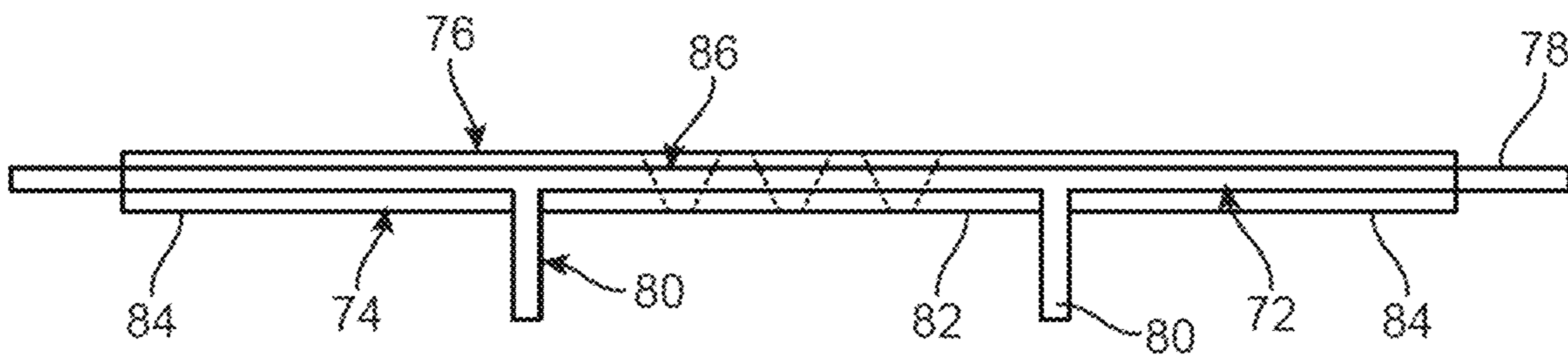


FIG. 5B

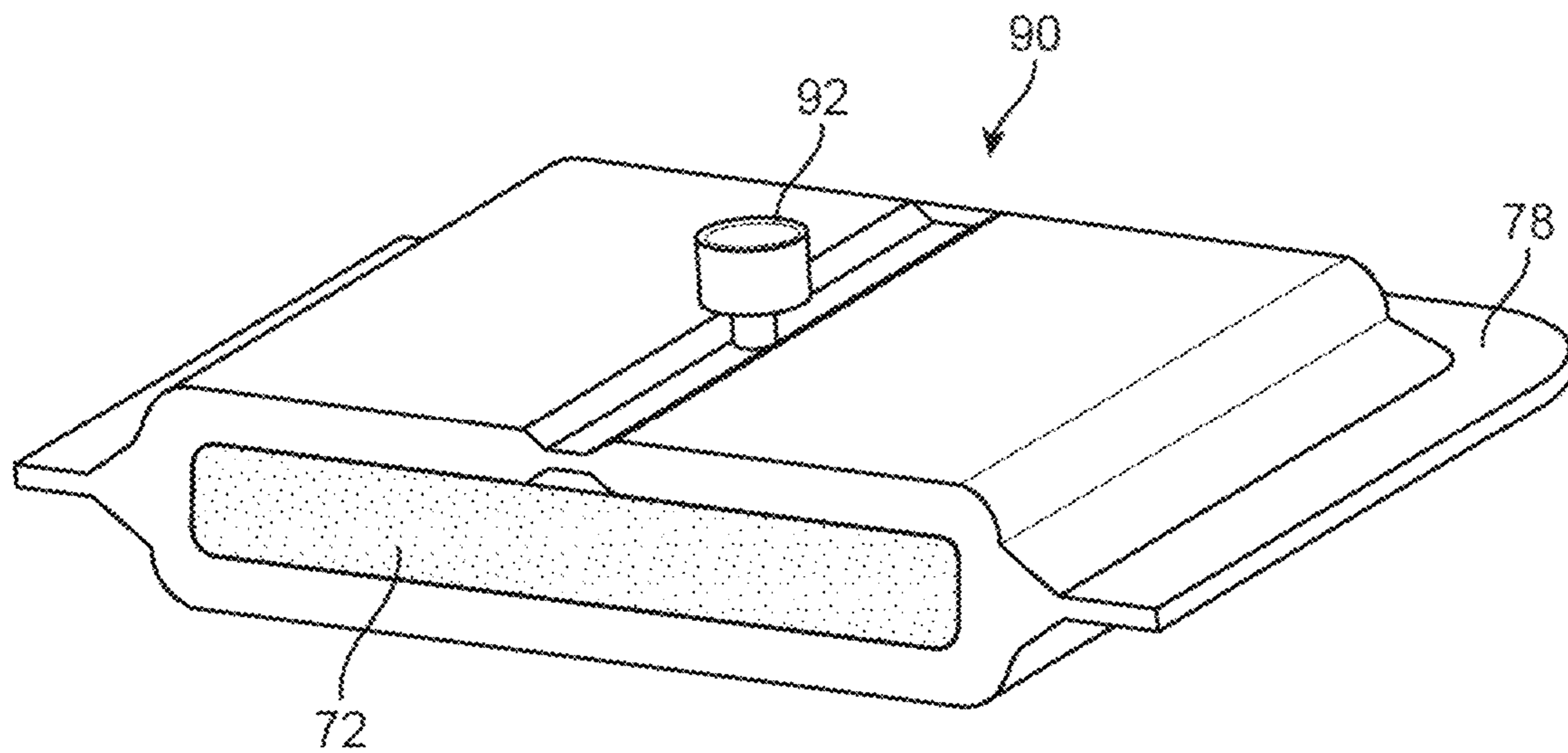


FIG. 6

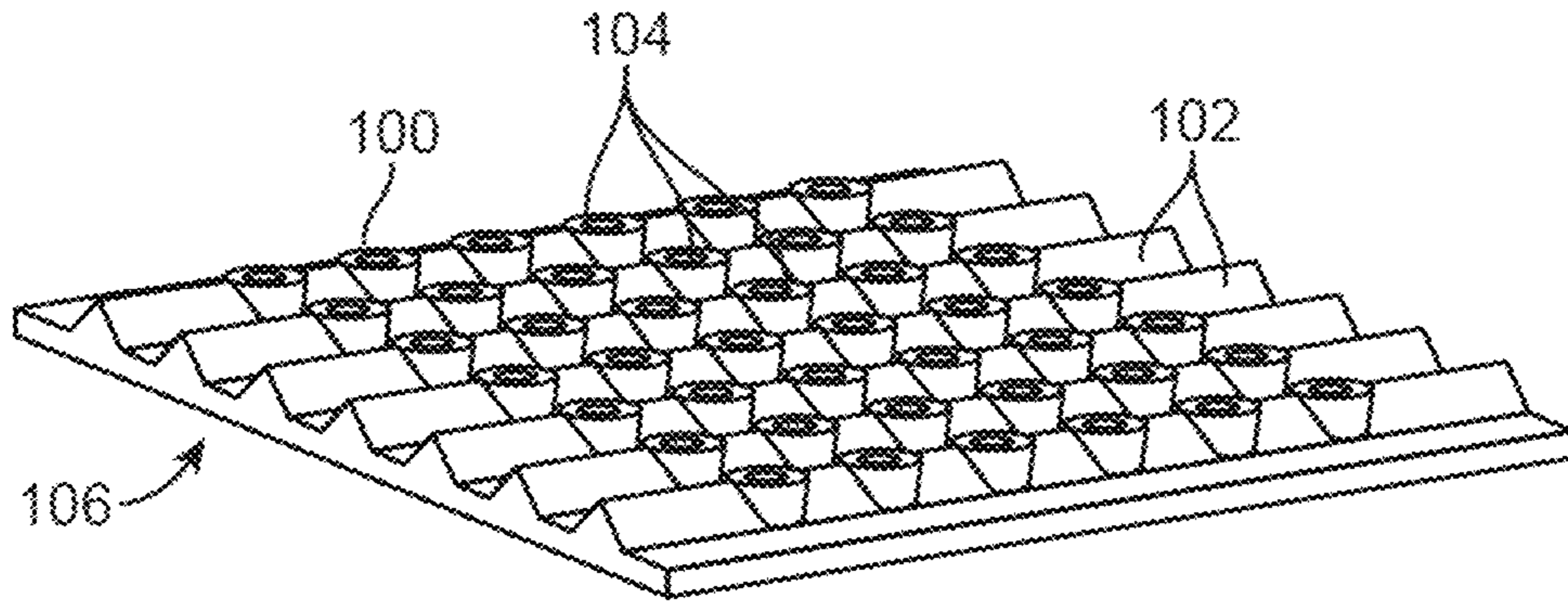


FIG. 7A

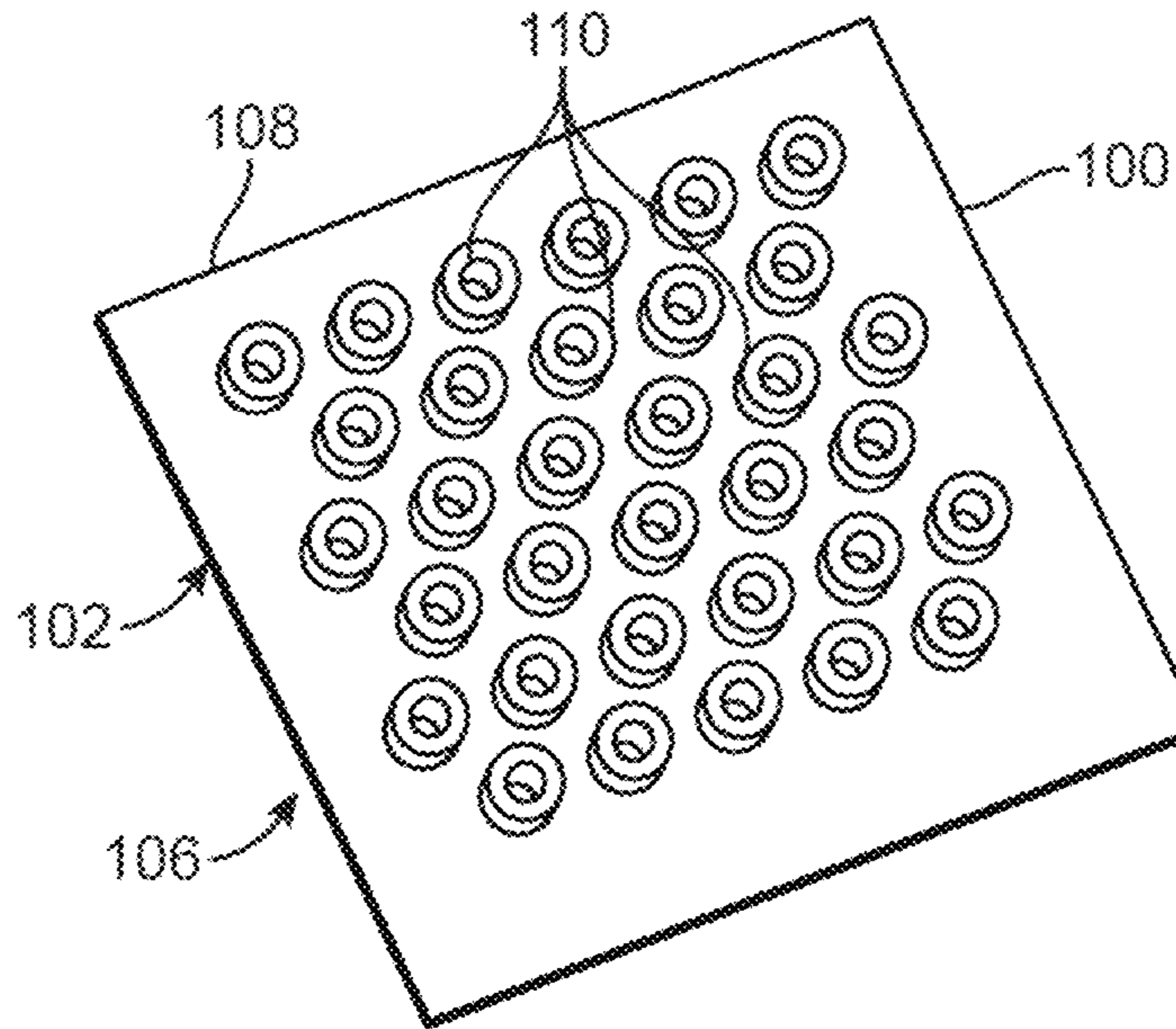


FIG. 7B

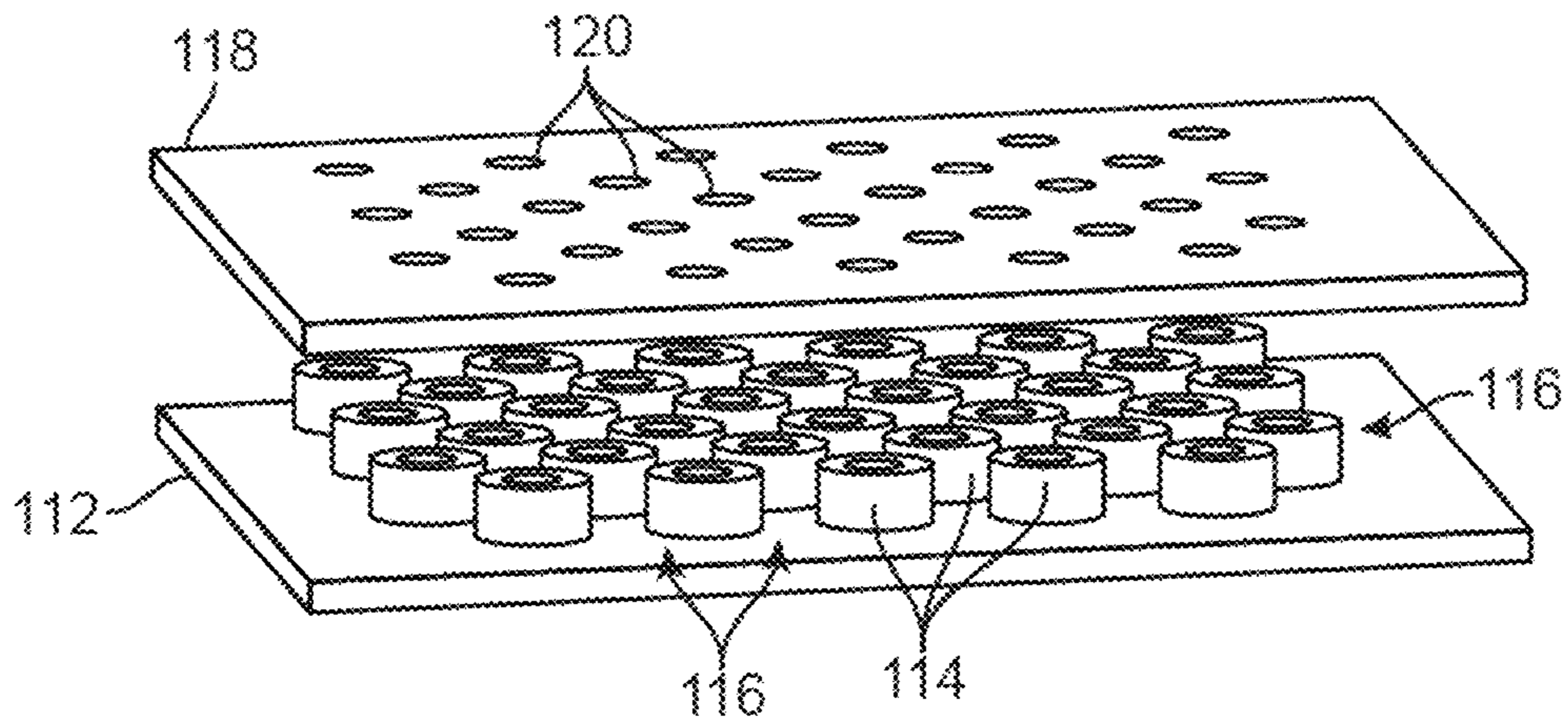


FIG. 7C

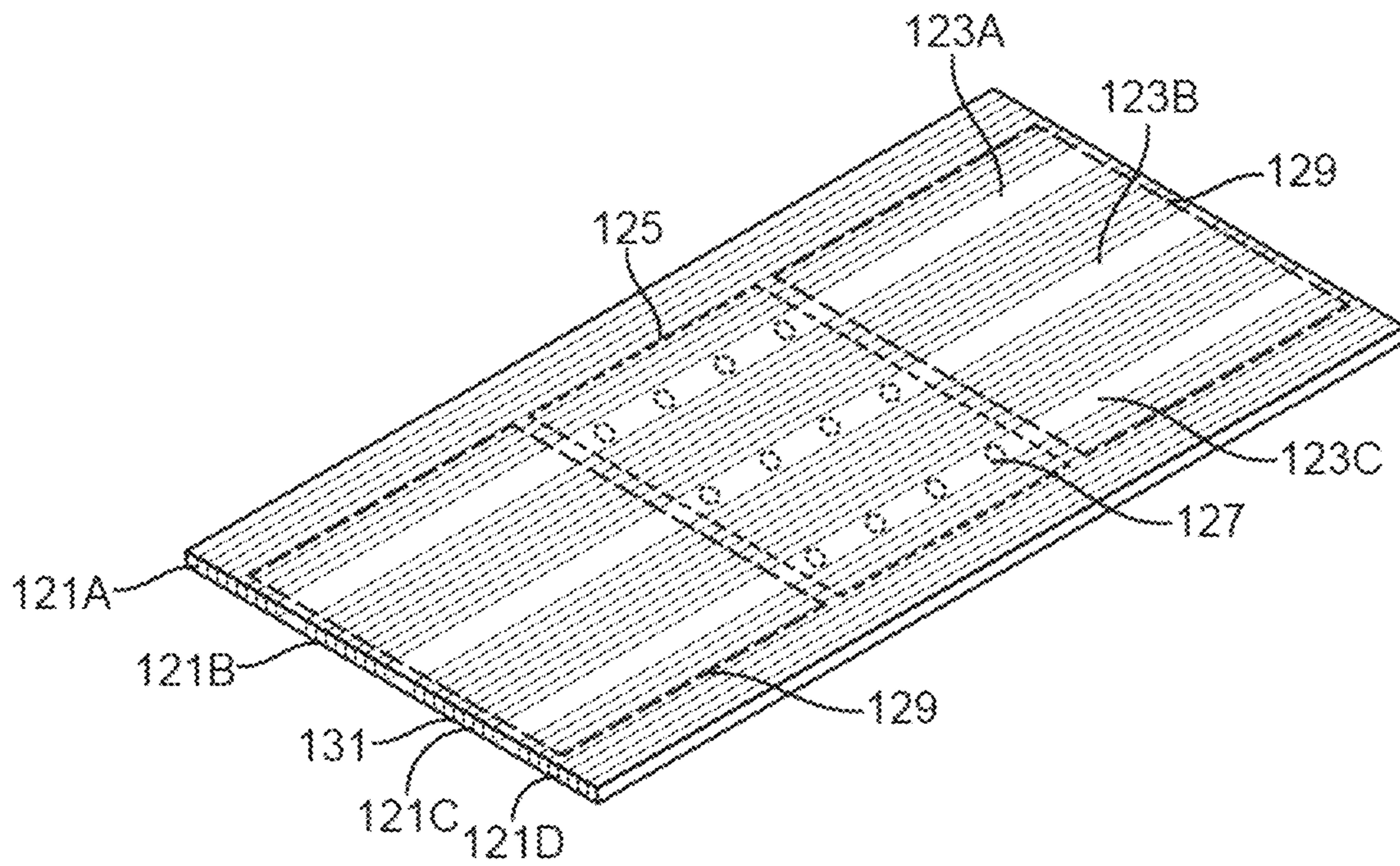


FIG. 8

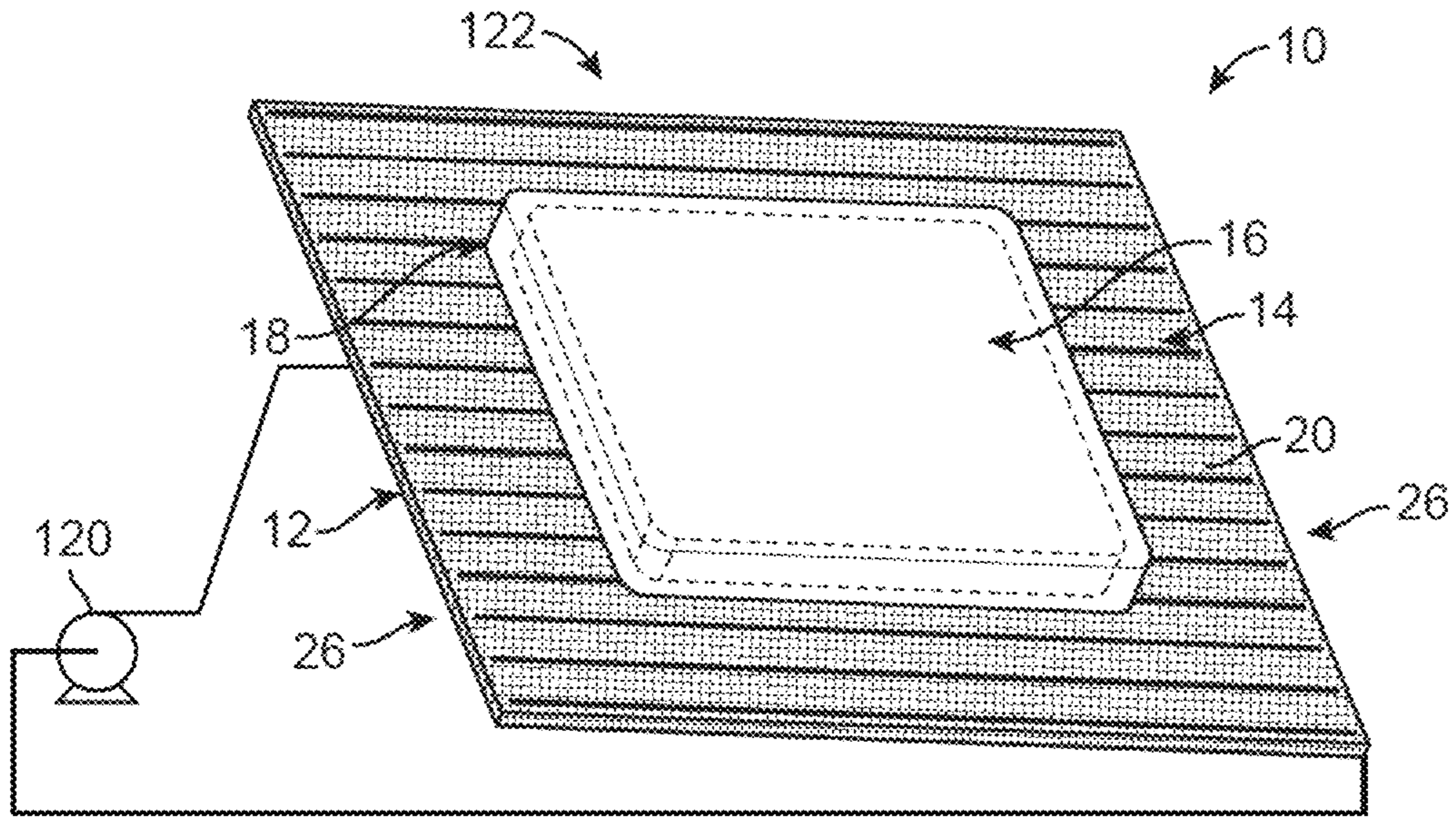


FIG. 9

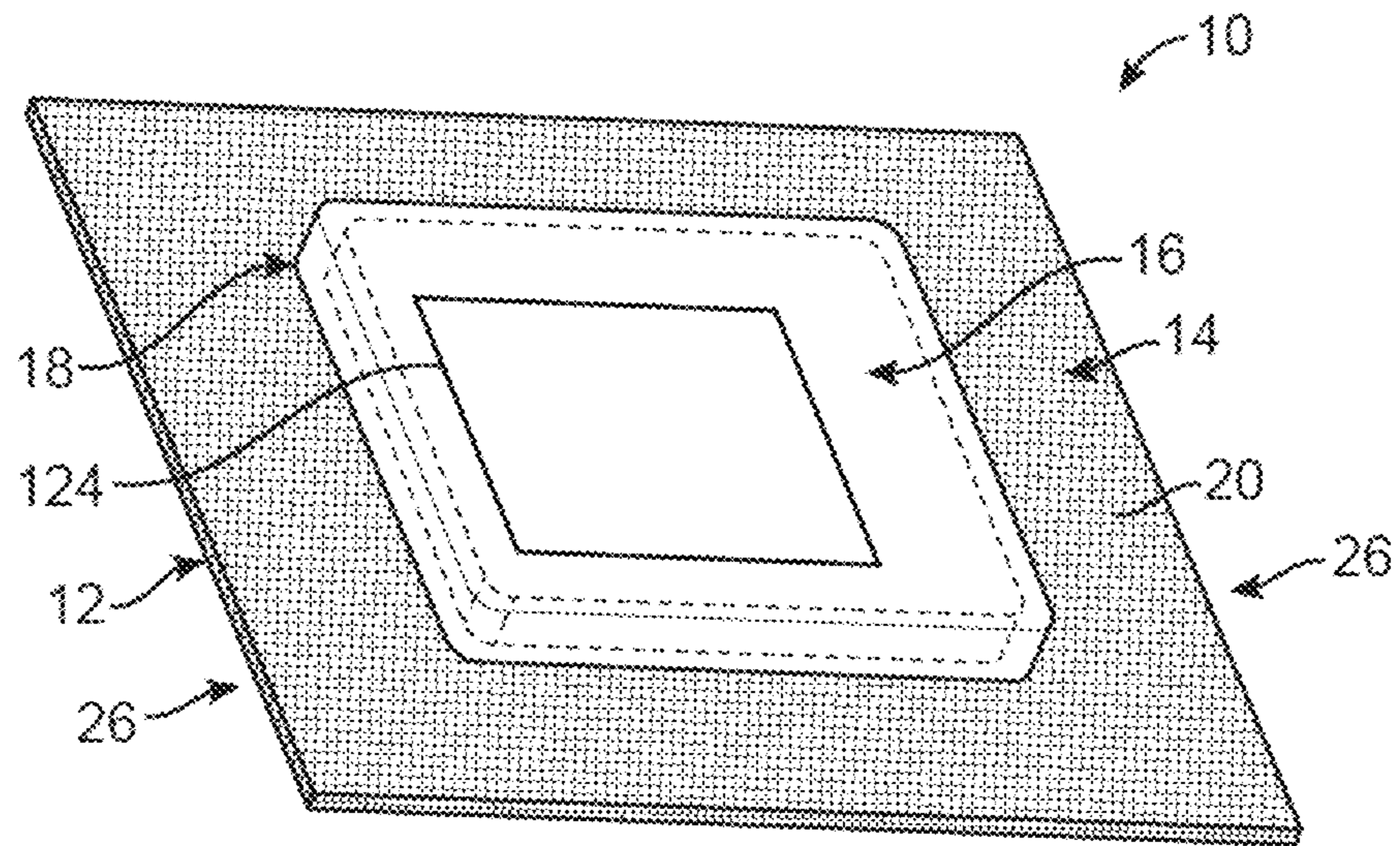


FIG. 10

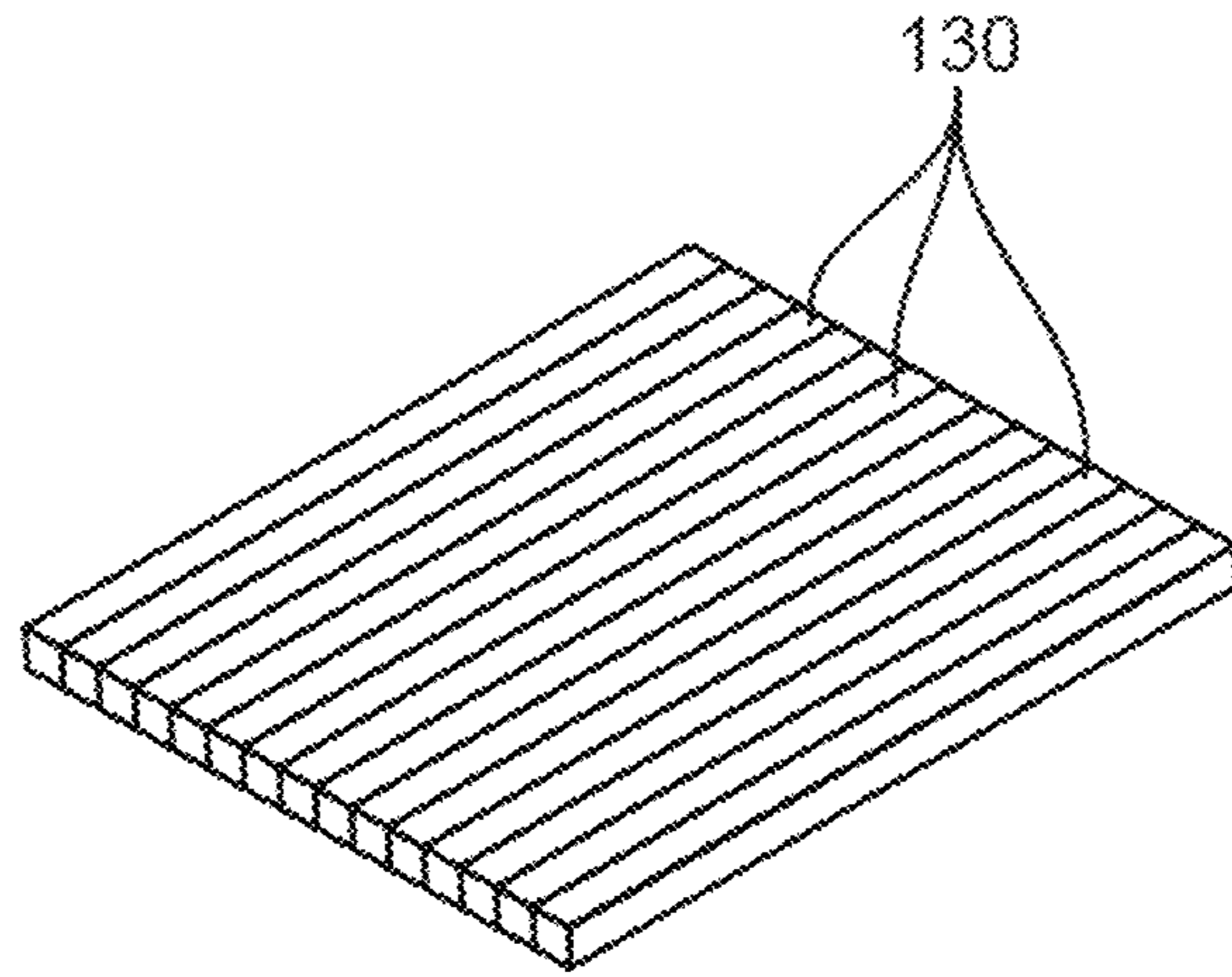


FIG. 11A

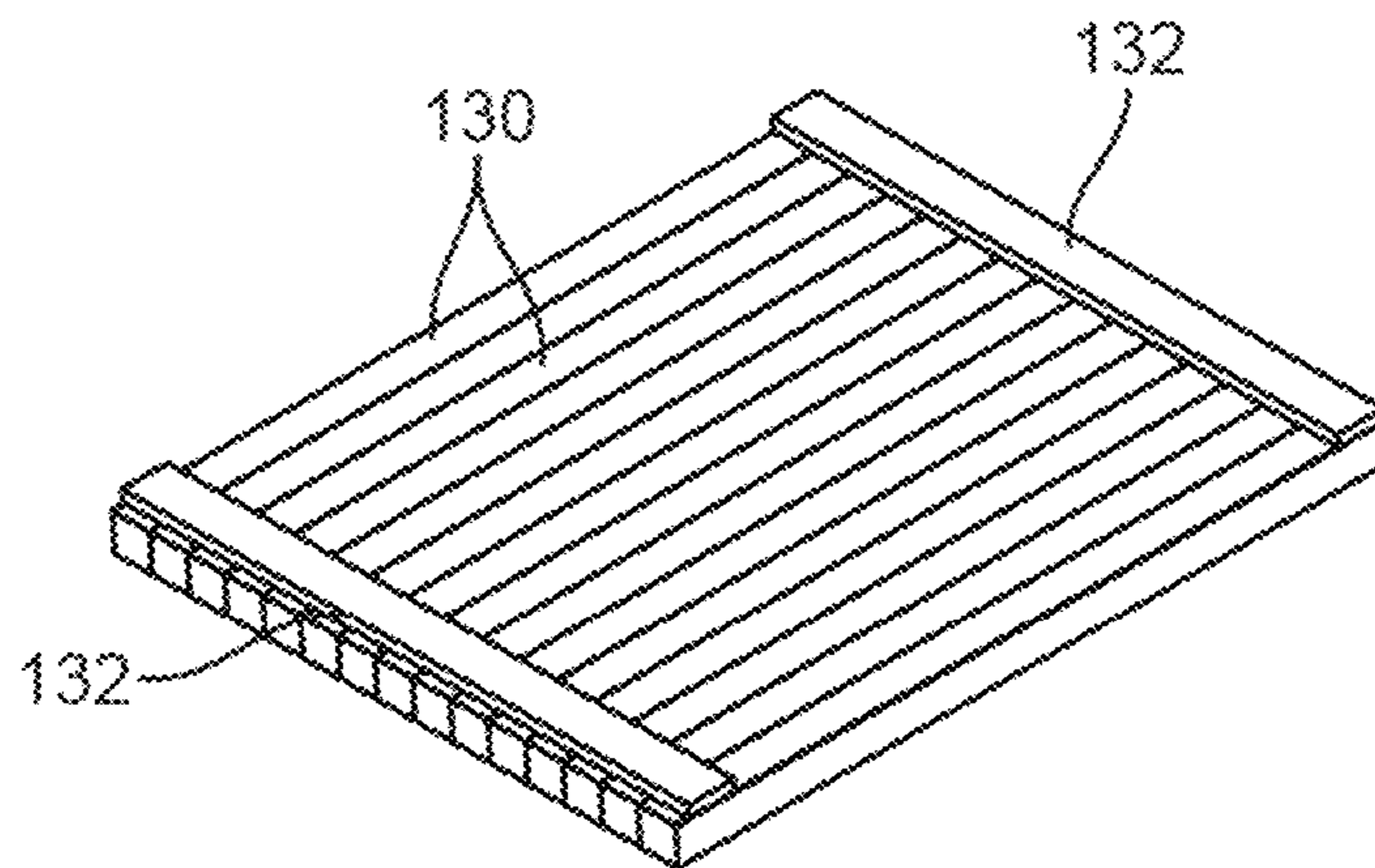


FIG. 11B

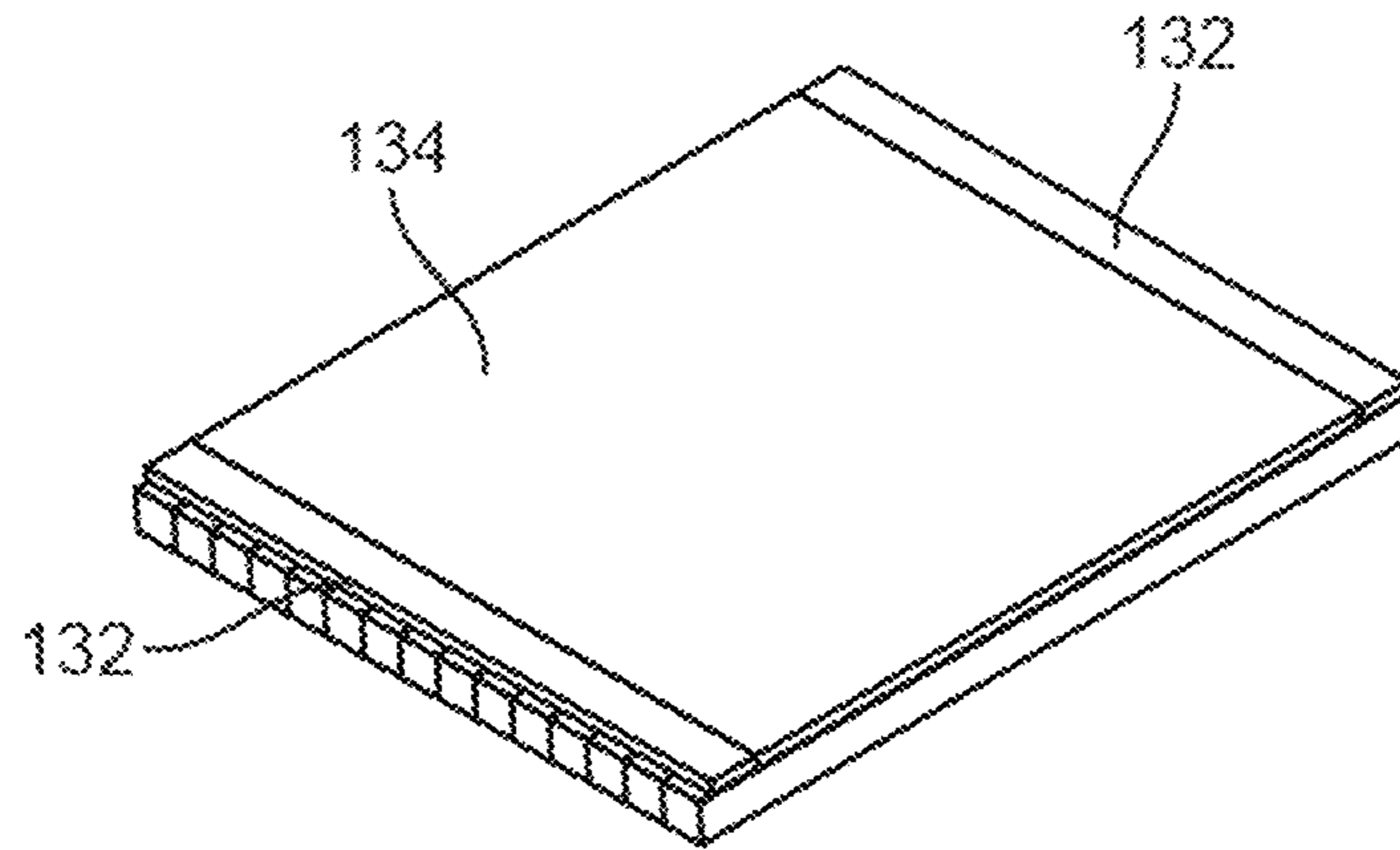


FIG. 11C

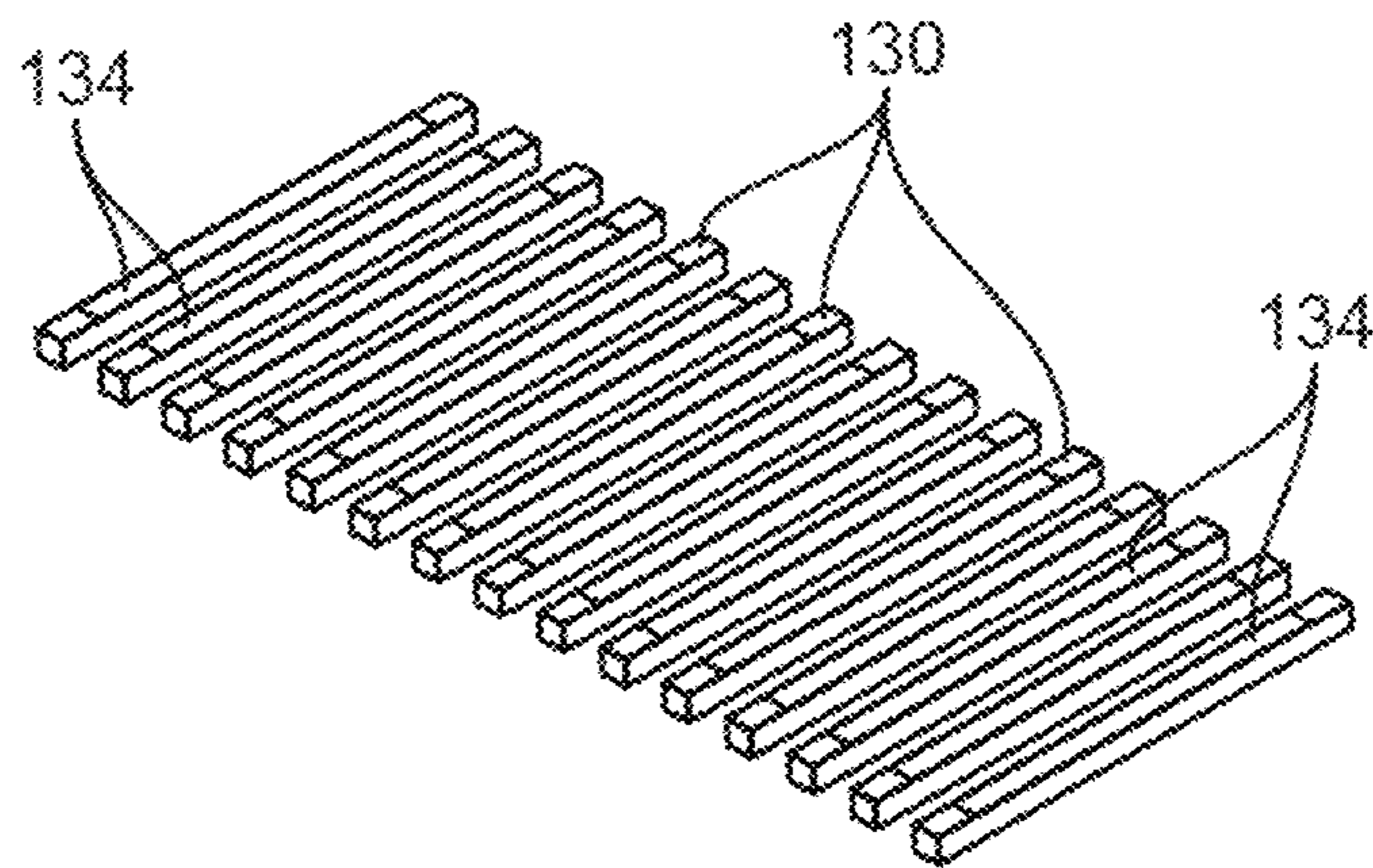


FIG. 11D

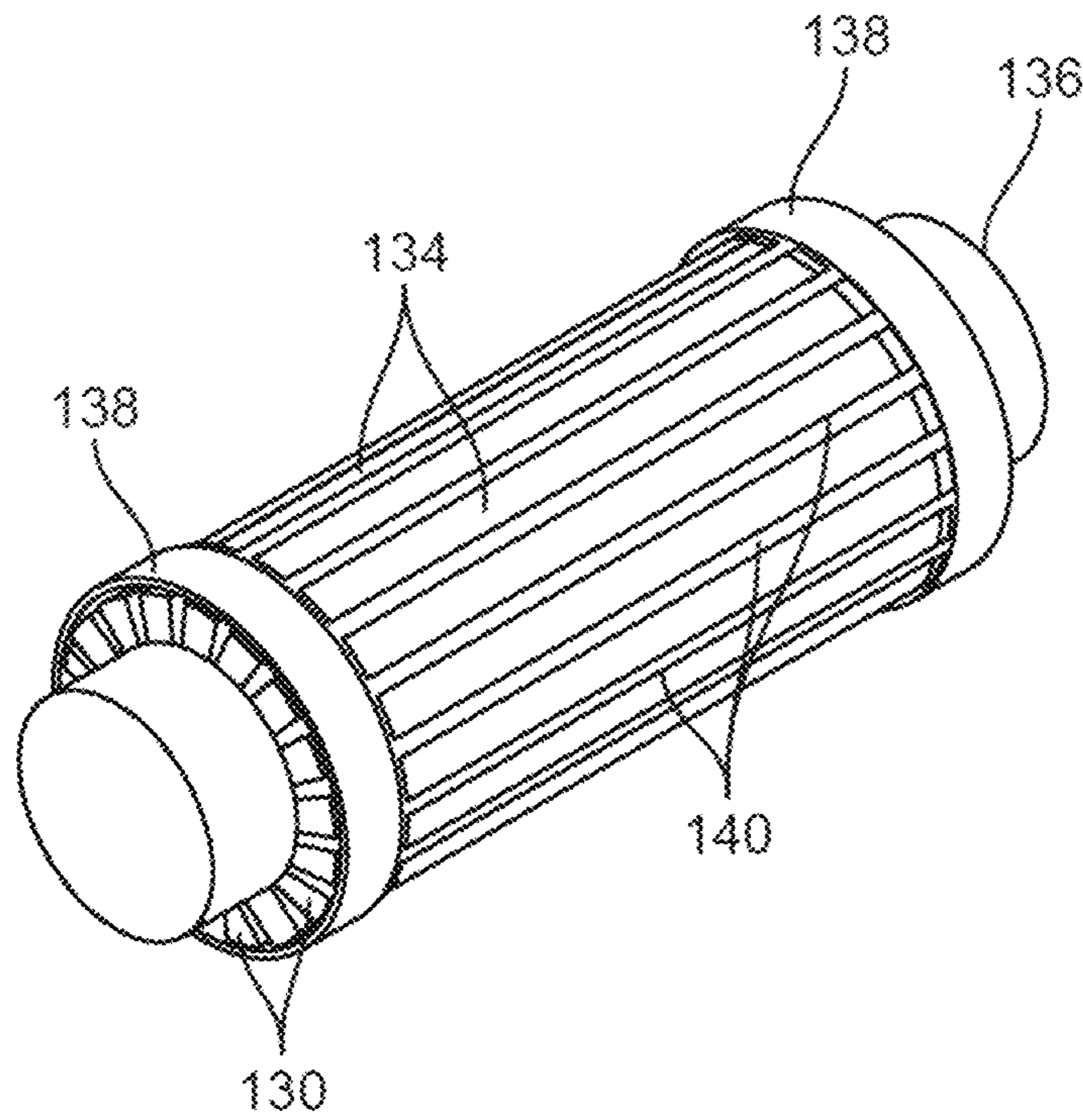


FIG. 11E

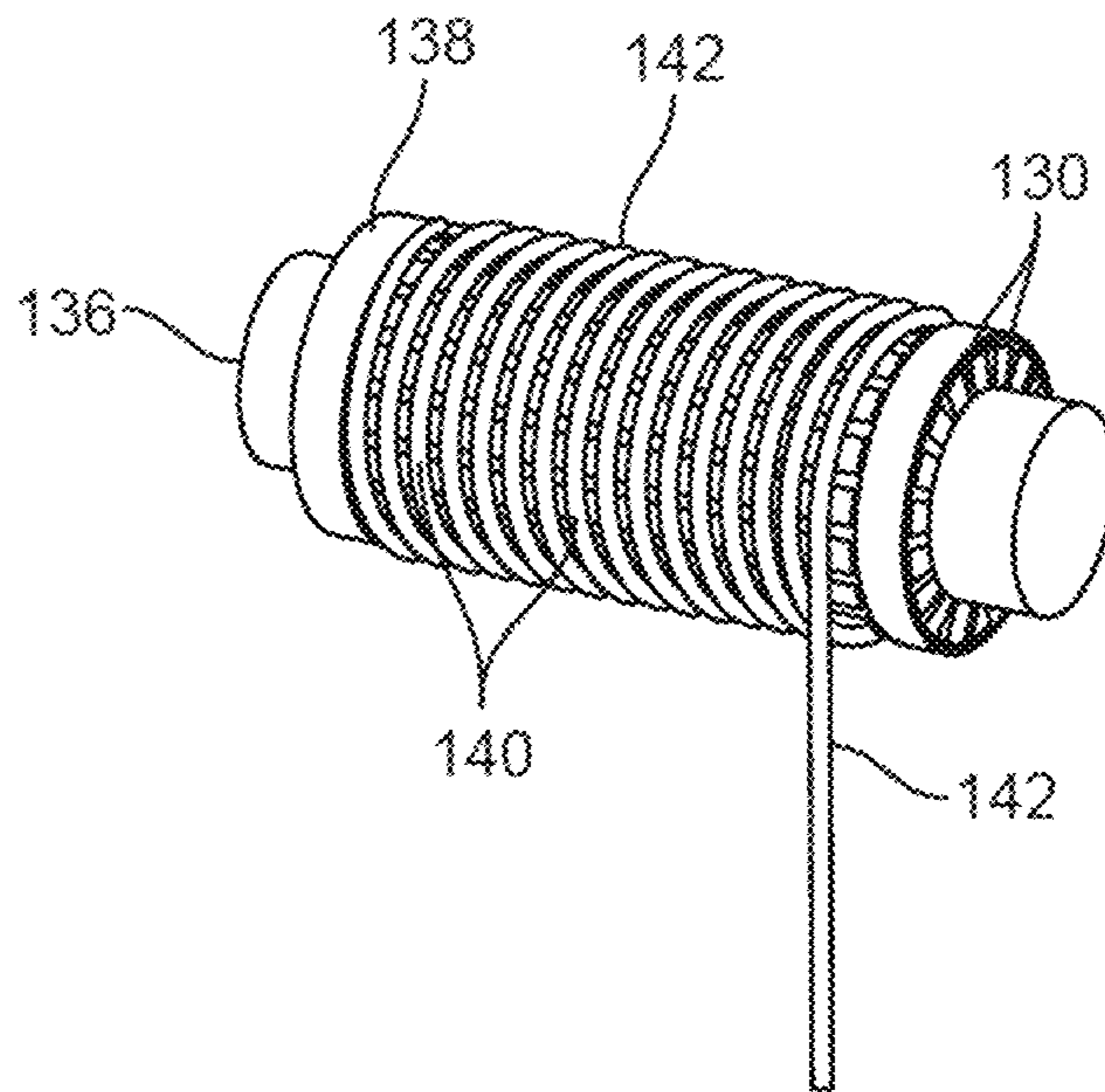


FIG. 11F

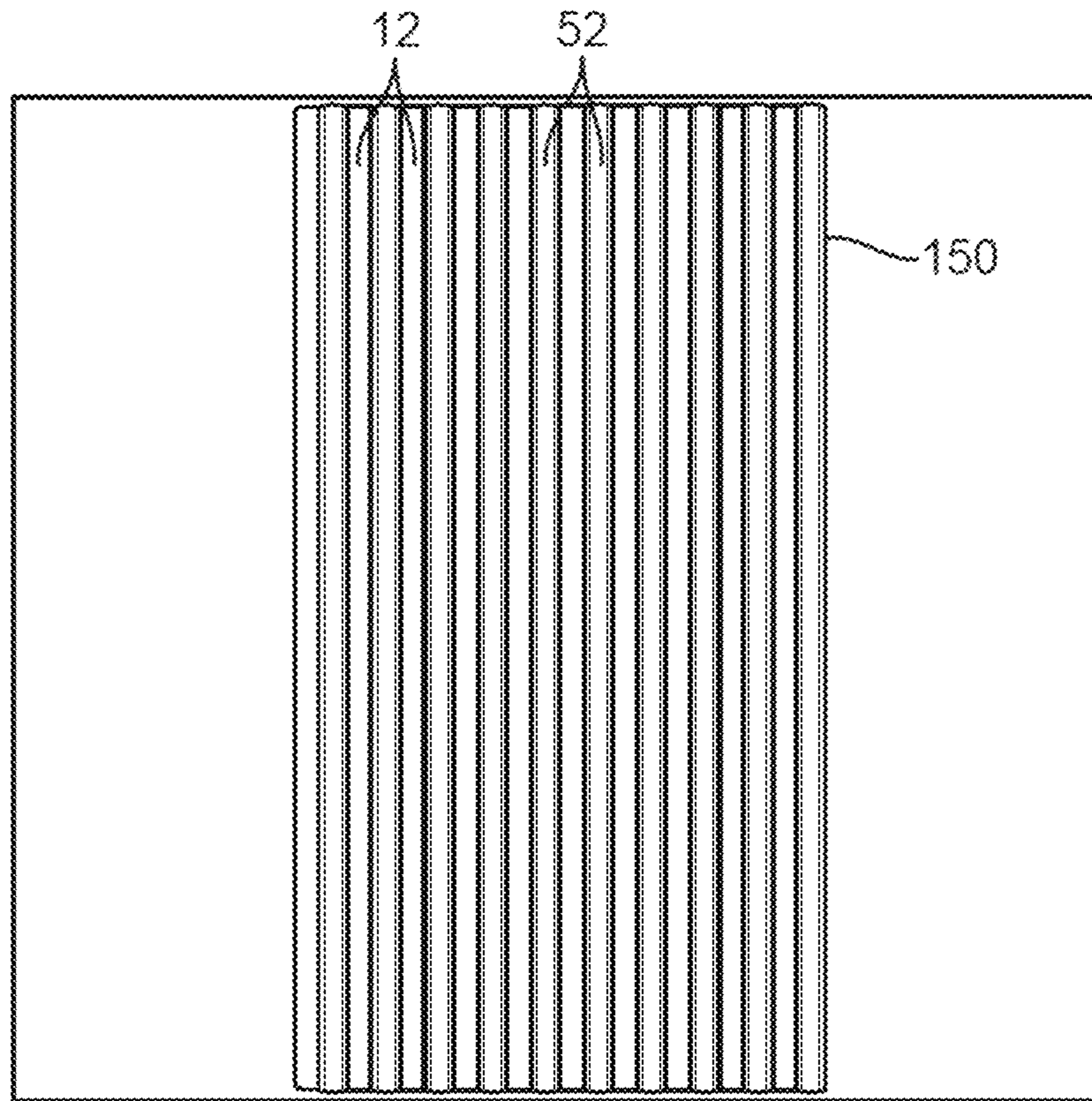


FIG. 12A

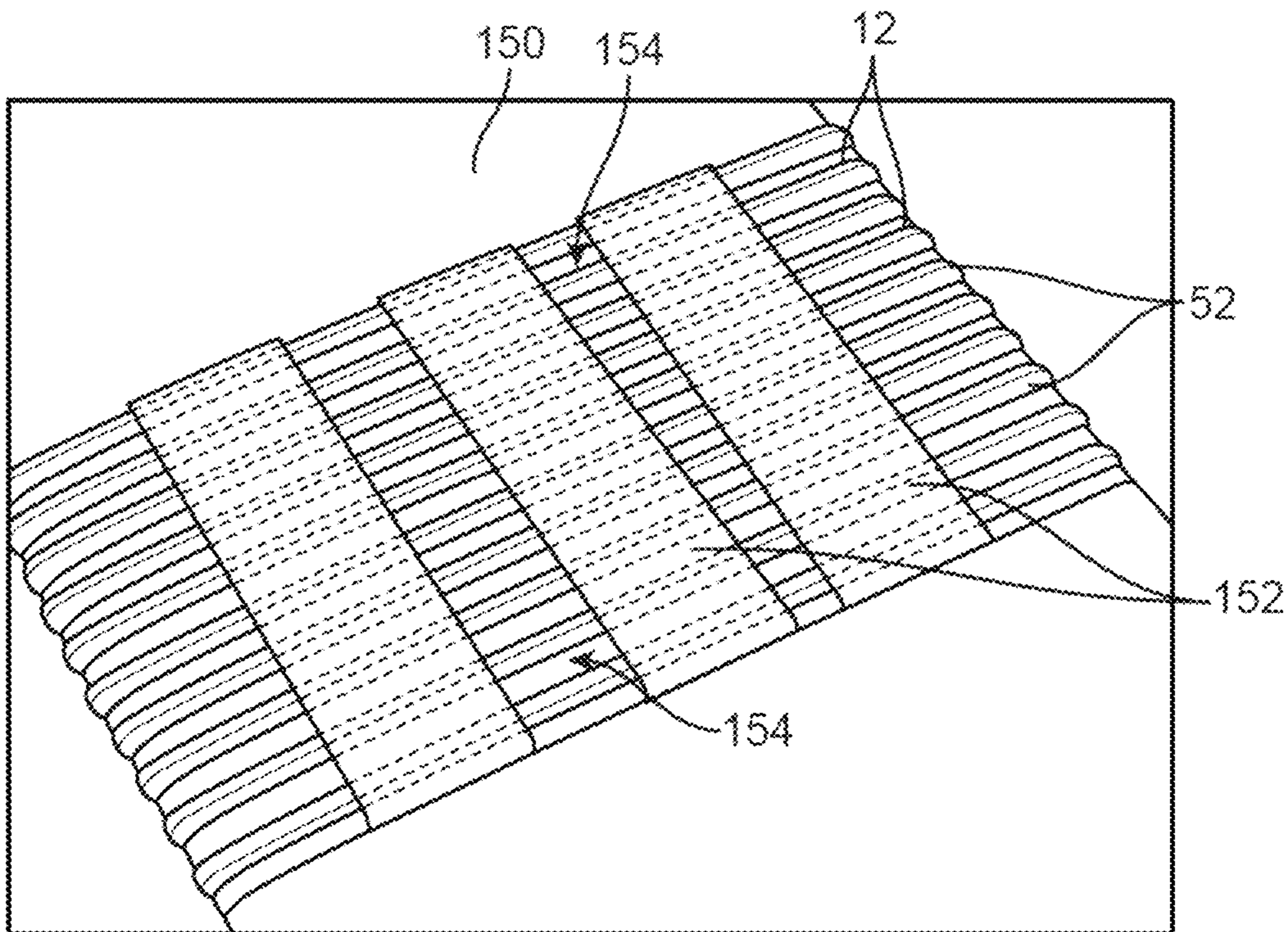


FIG. 12B

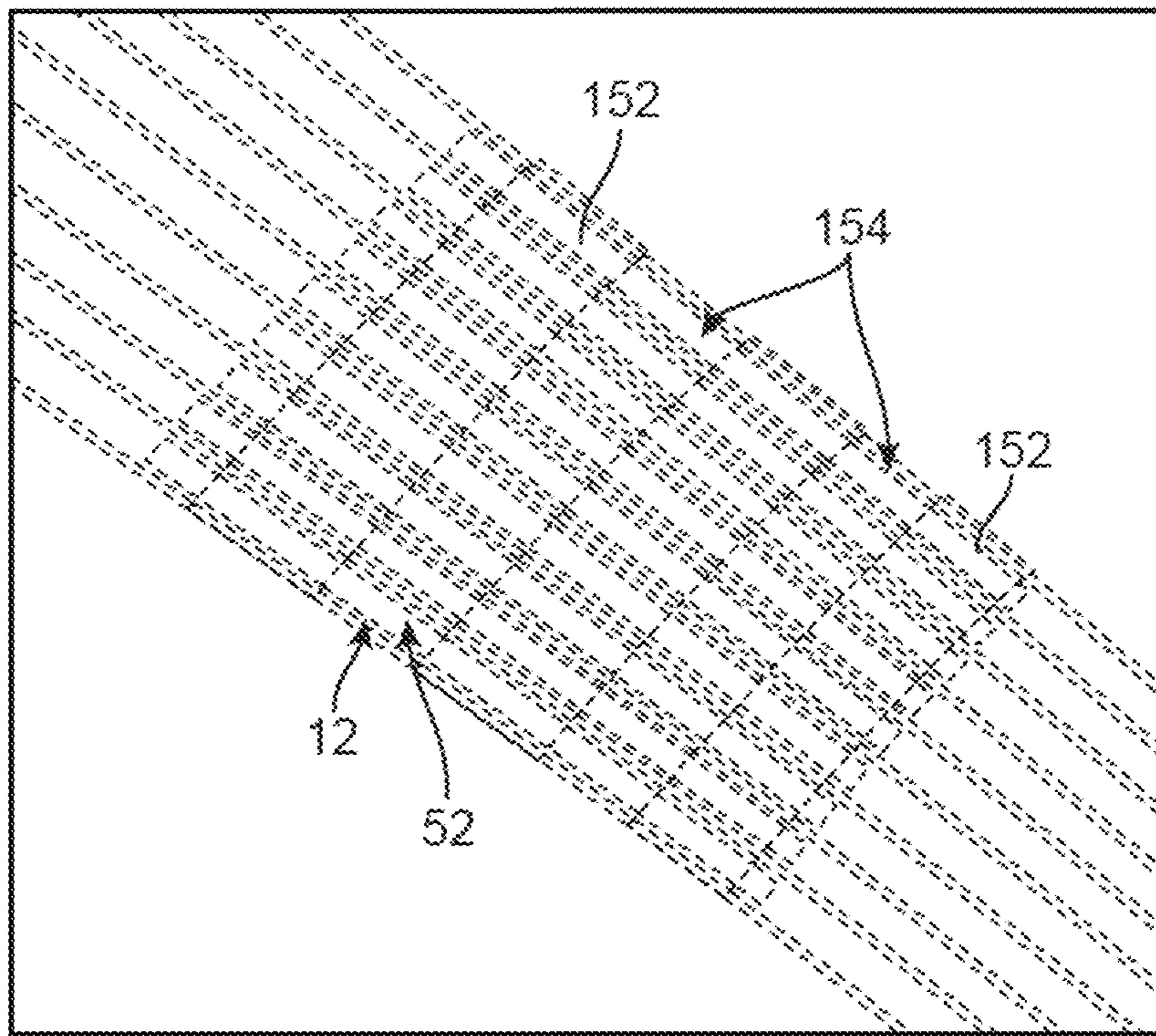


FIG. 12C

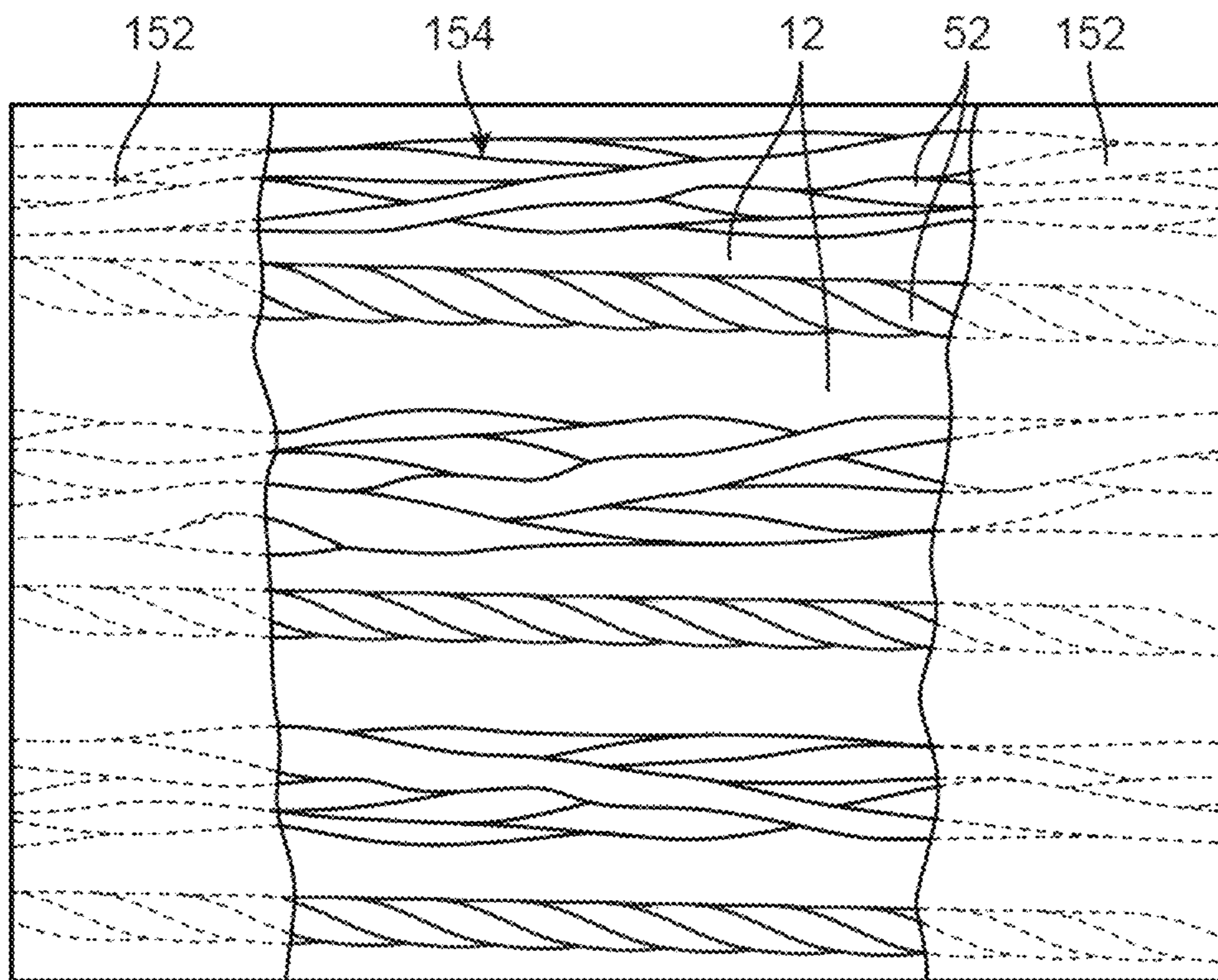


FIG. 12D

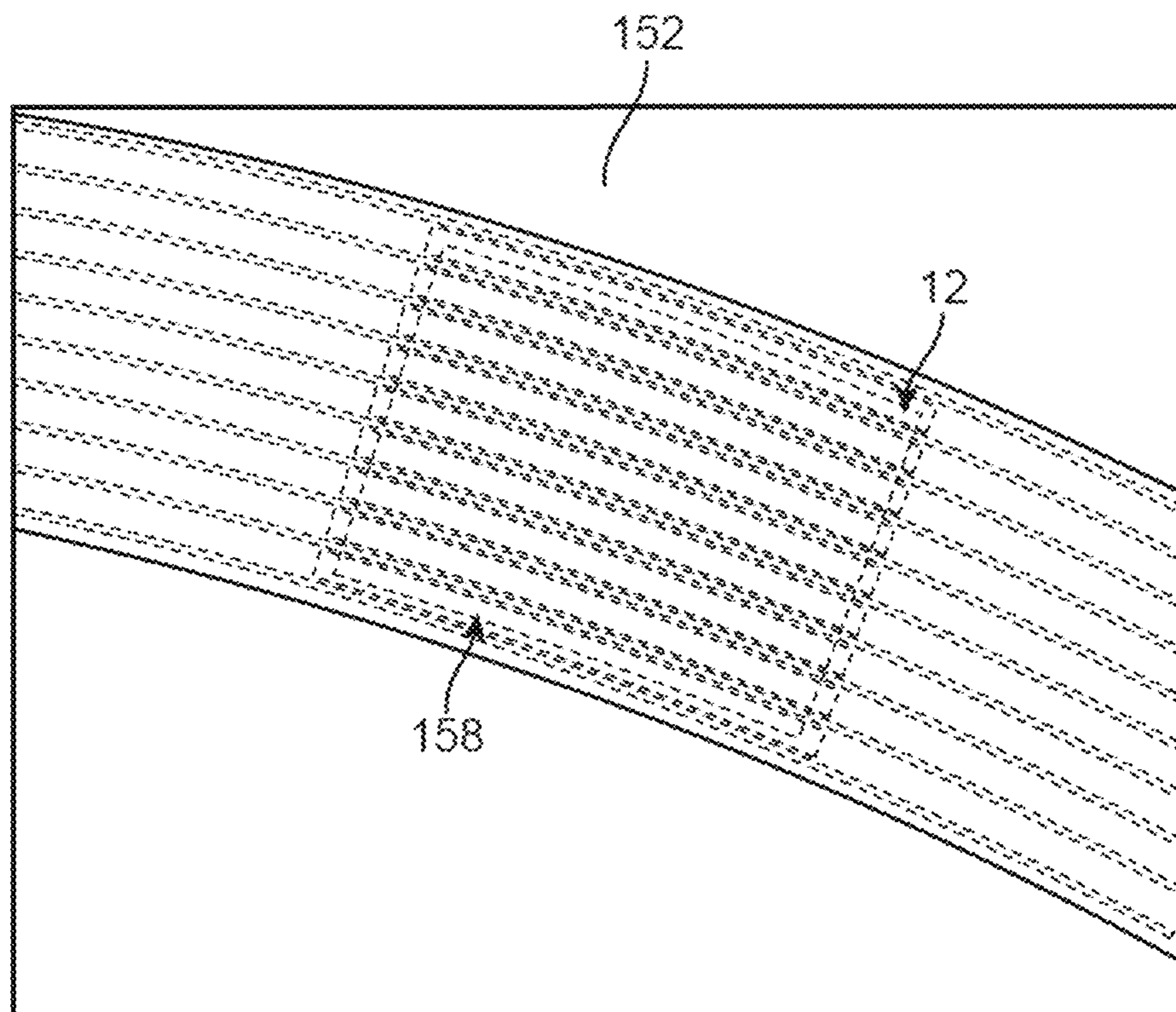


FIG. 12E

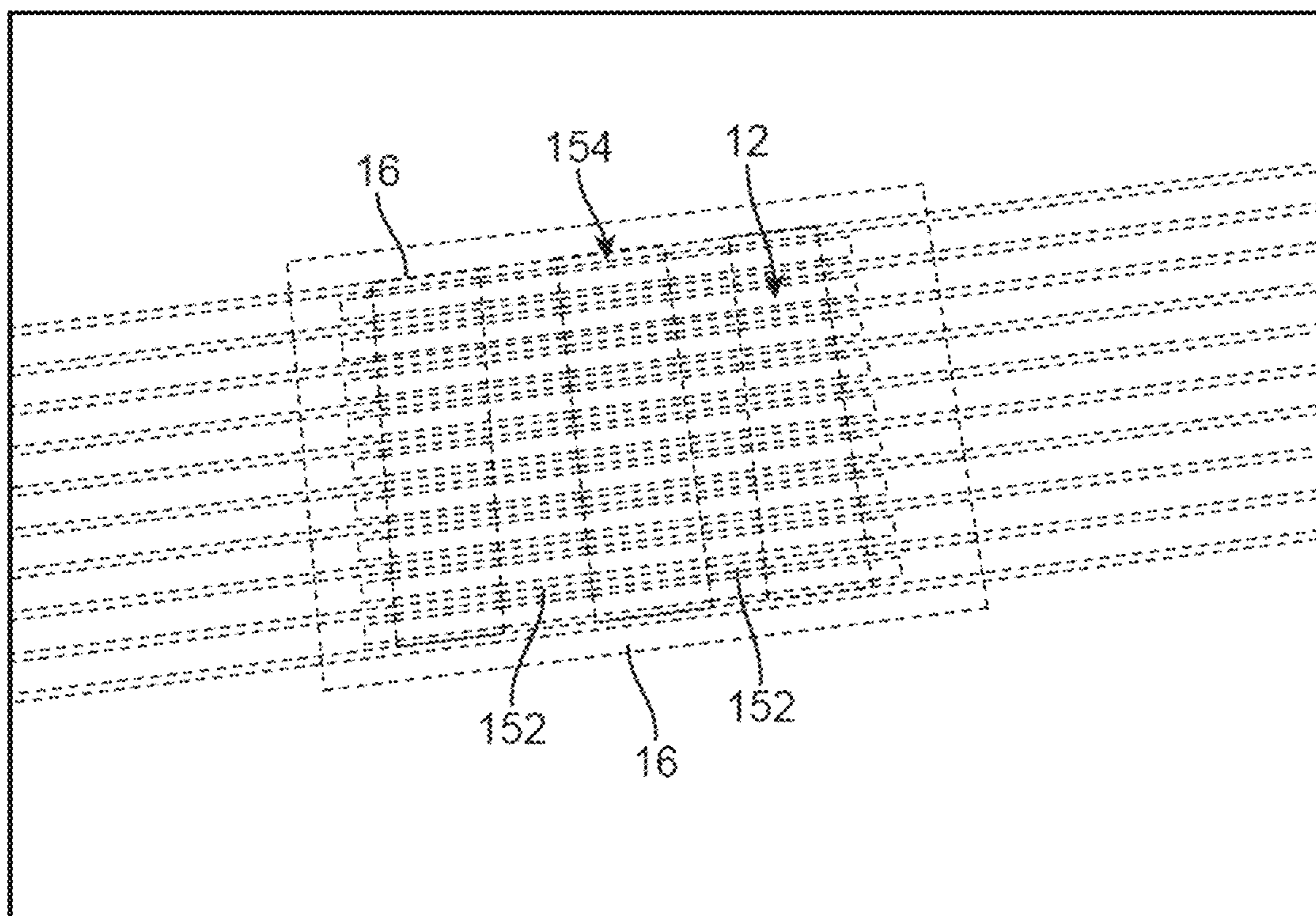


FIG. 12F

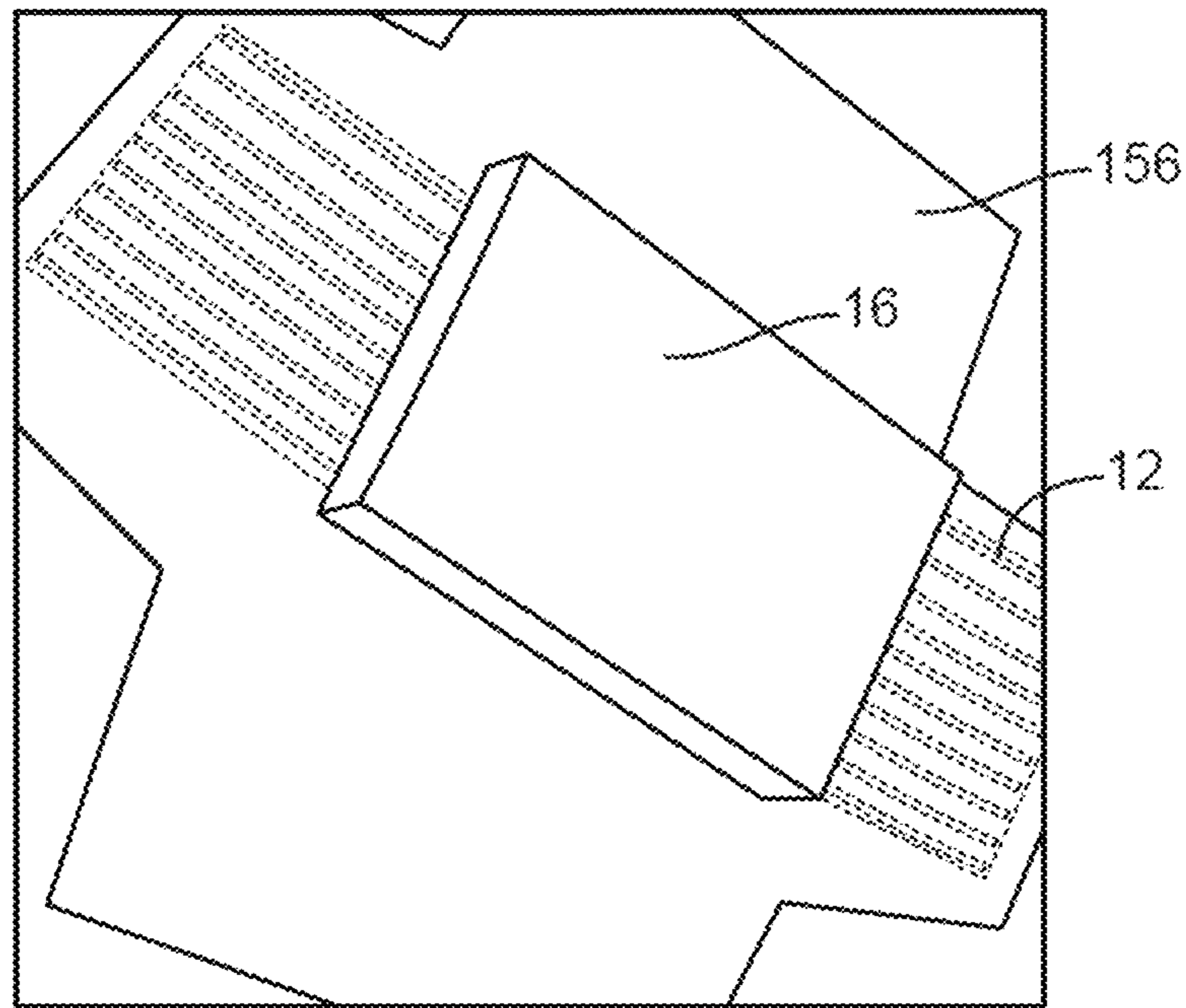


FIG. 12G

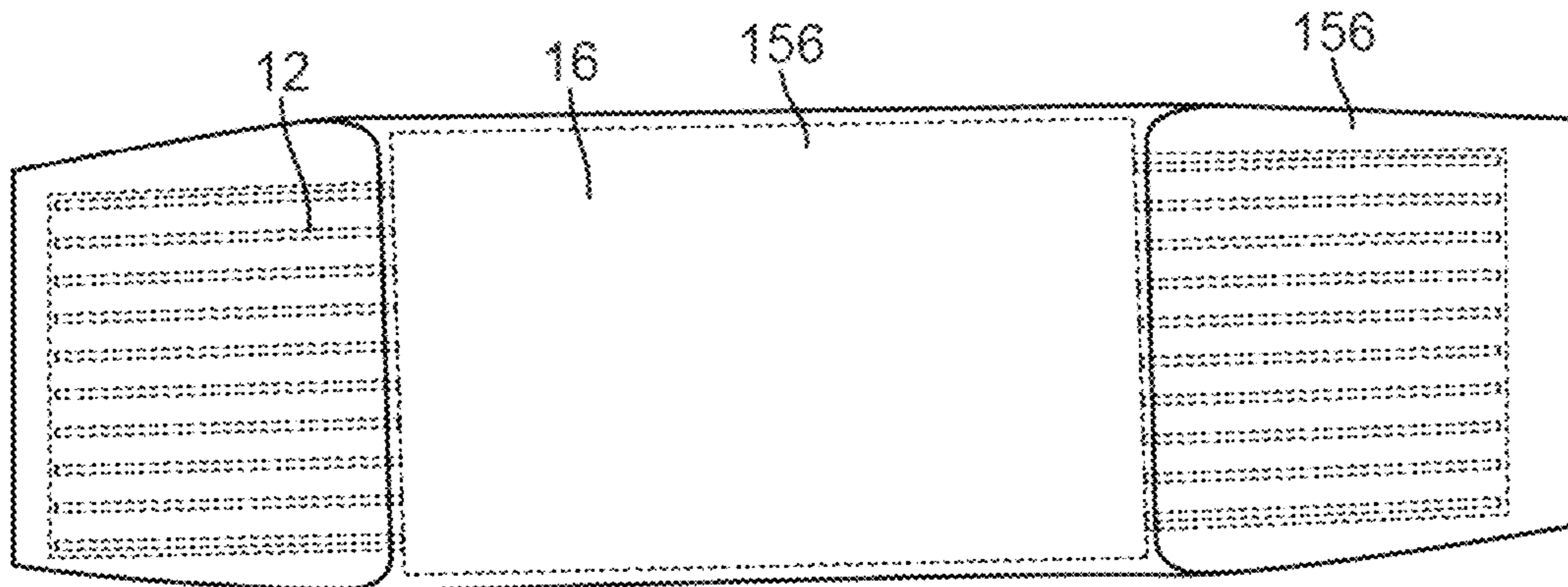


FIG. 12H

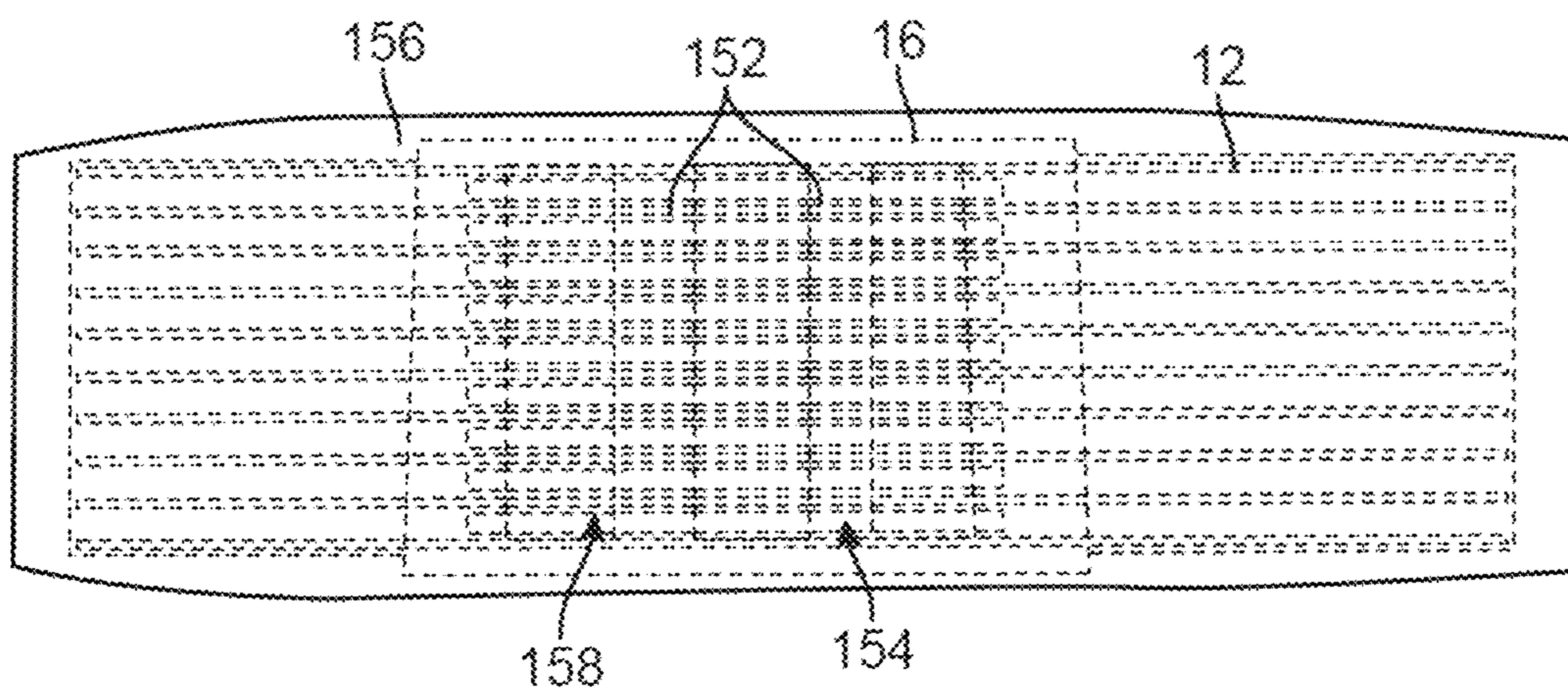


FIG. 12I

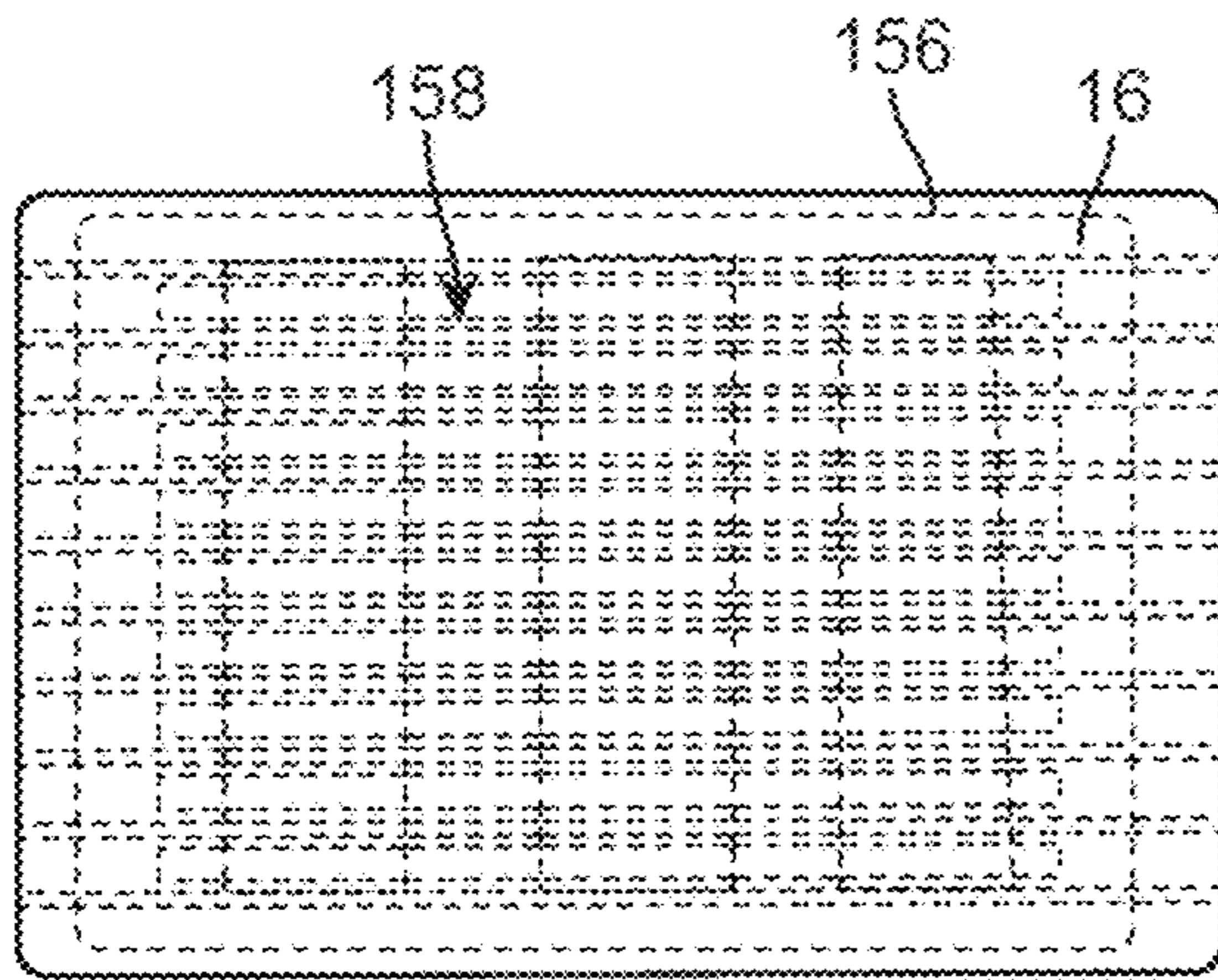


FIG. 12J

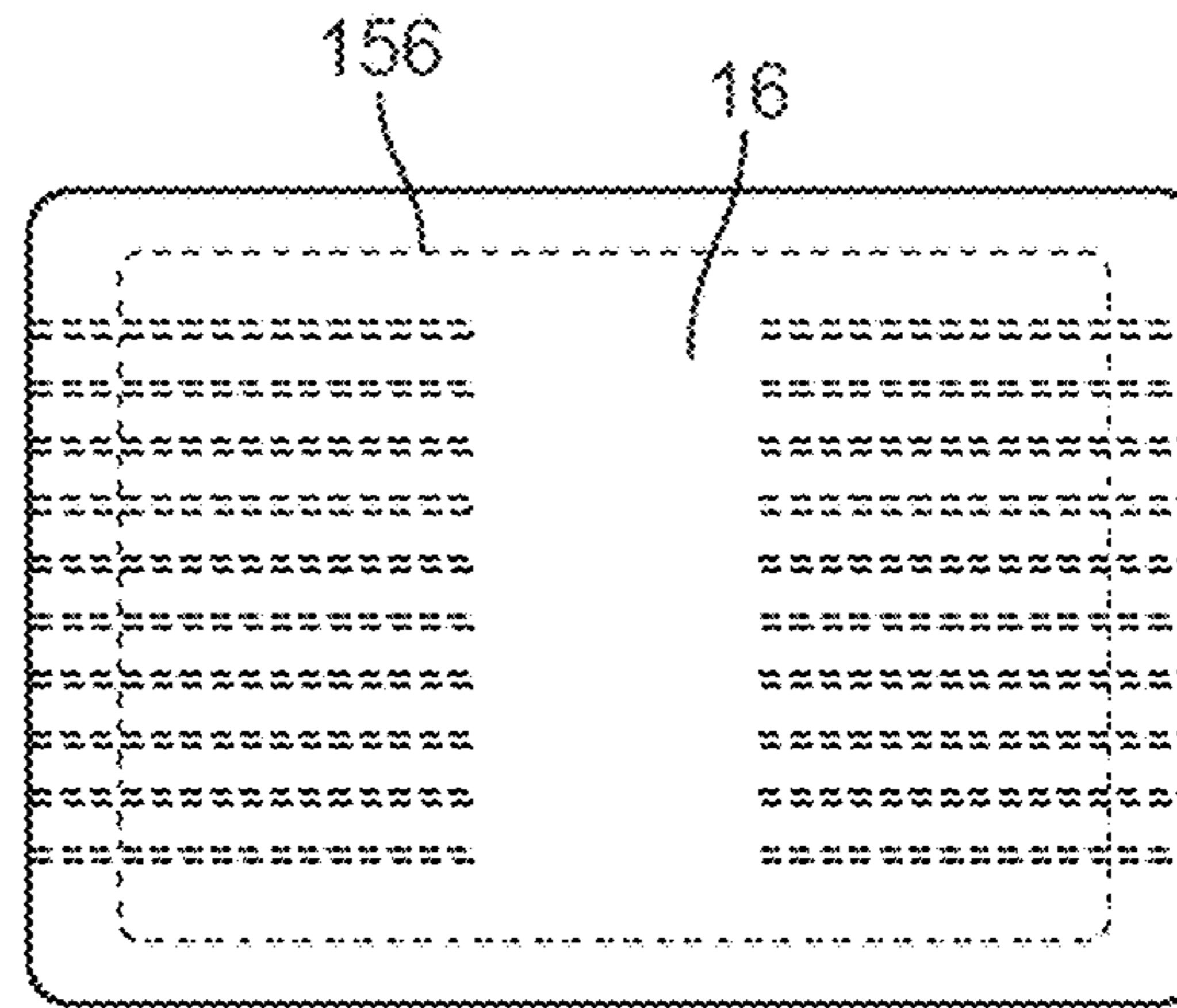


FIG. 12K

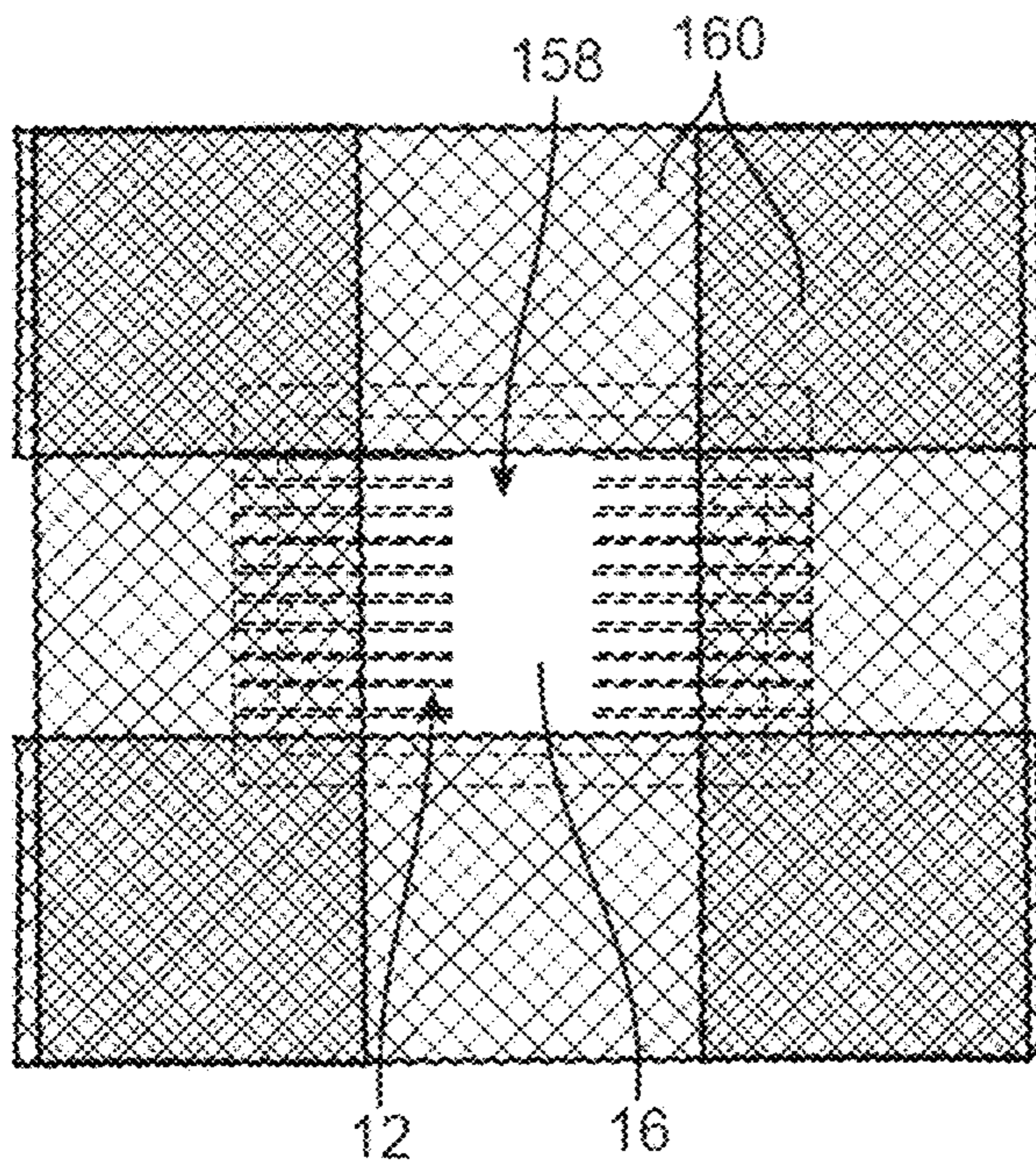


FIG. 12L

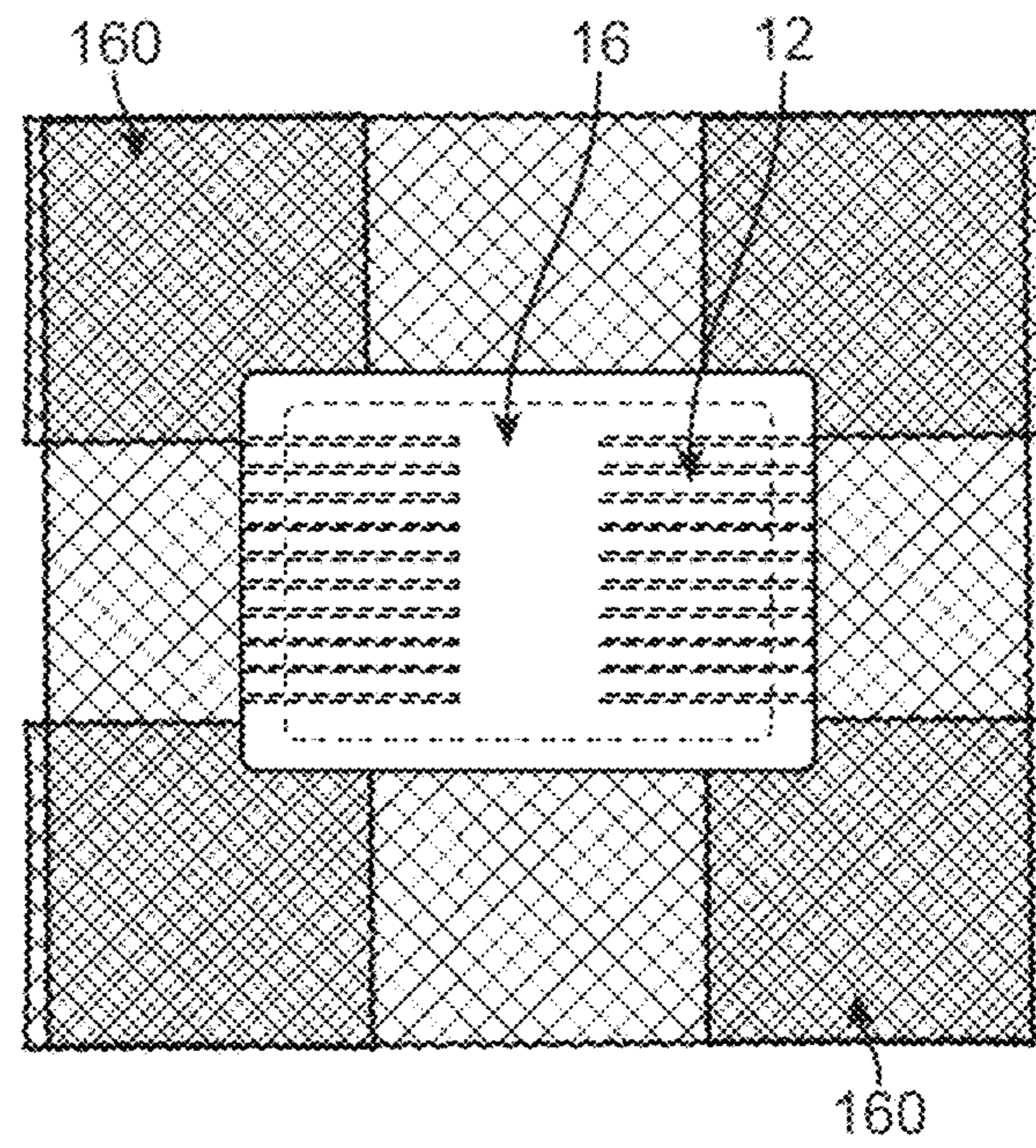


FIG. 12M

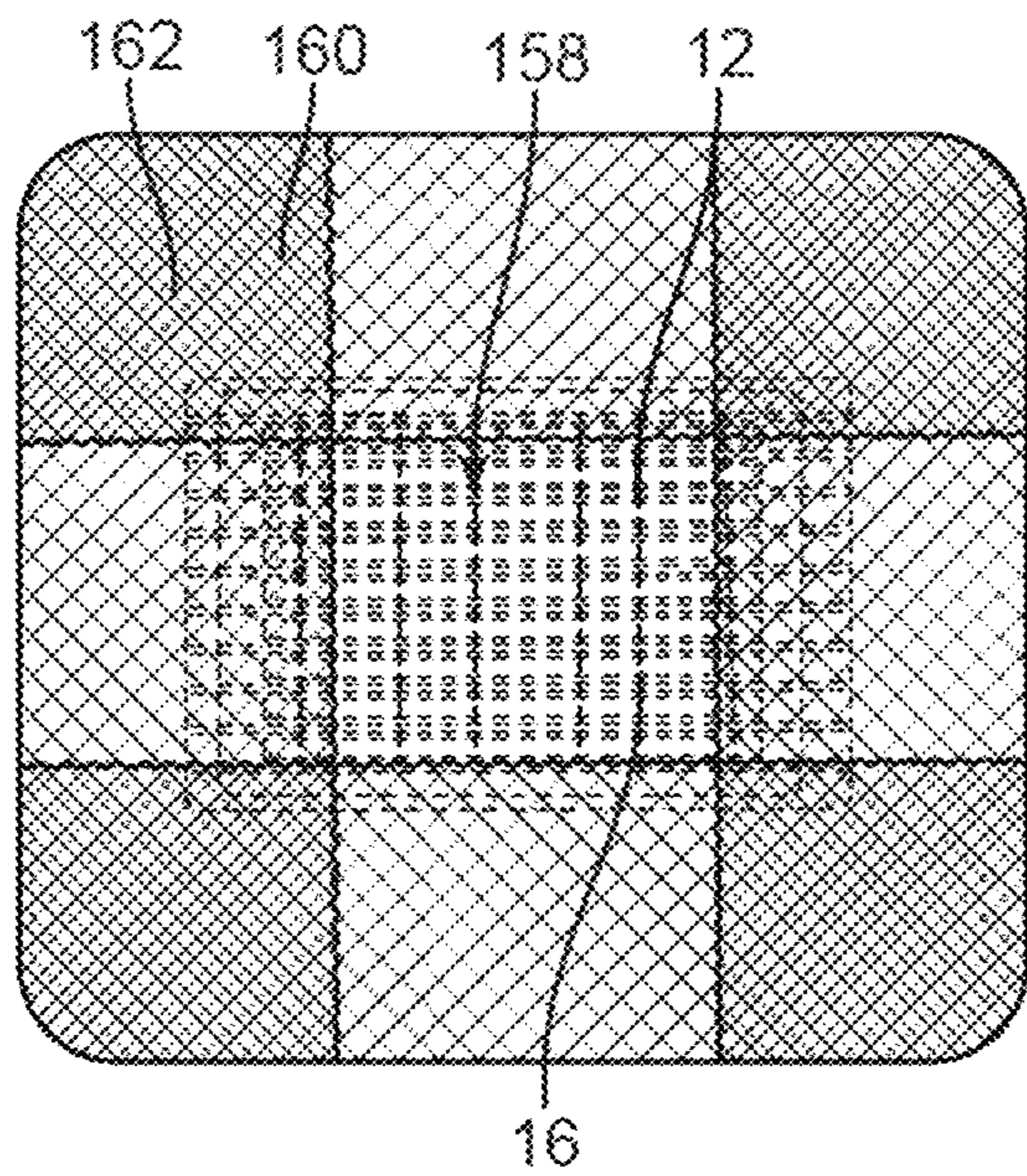


FIG. 12N

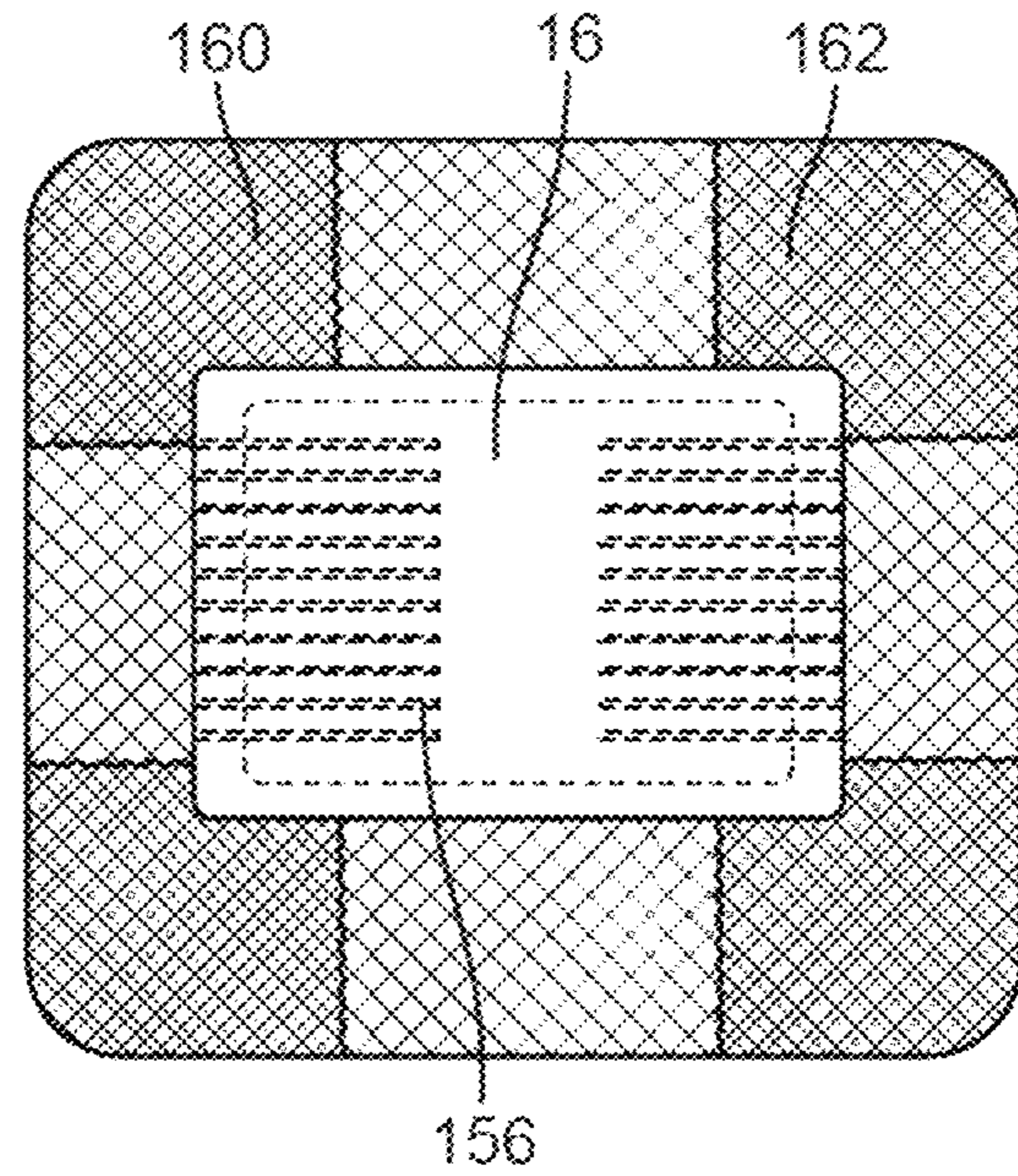


FIG. 12O

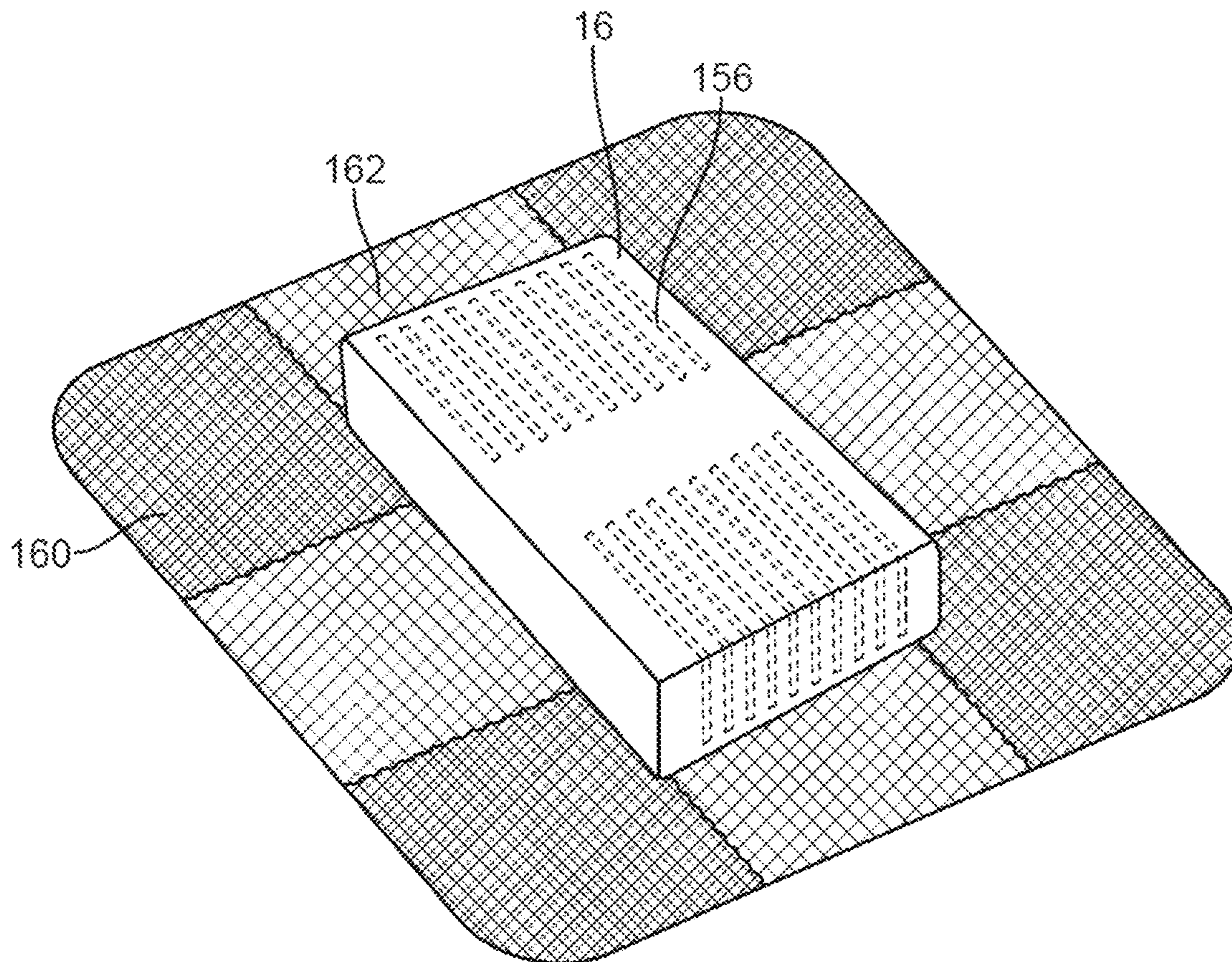


FIG. 12P

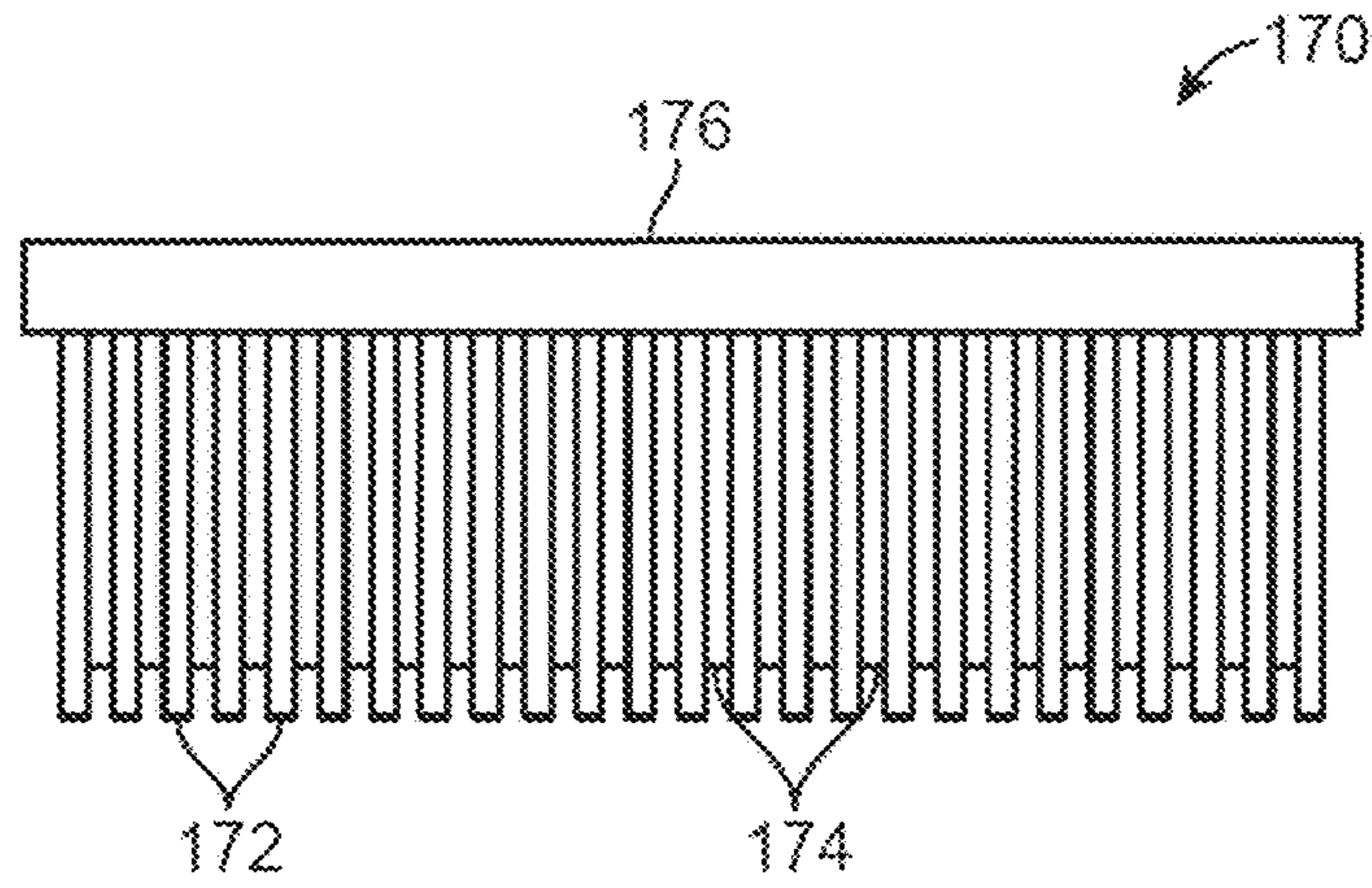


FIG. 13A

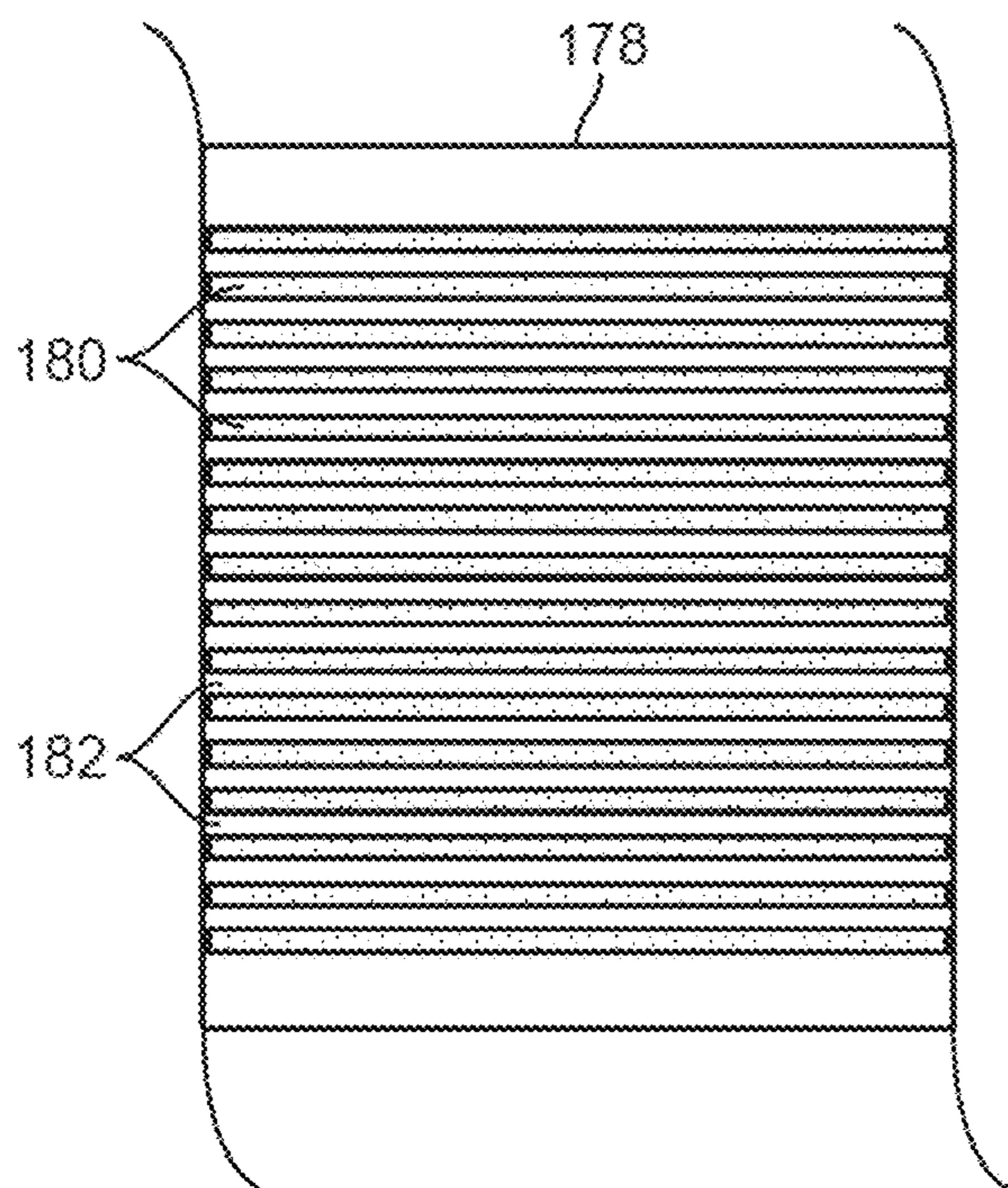


FIG. 13B

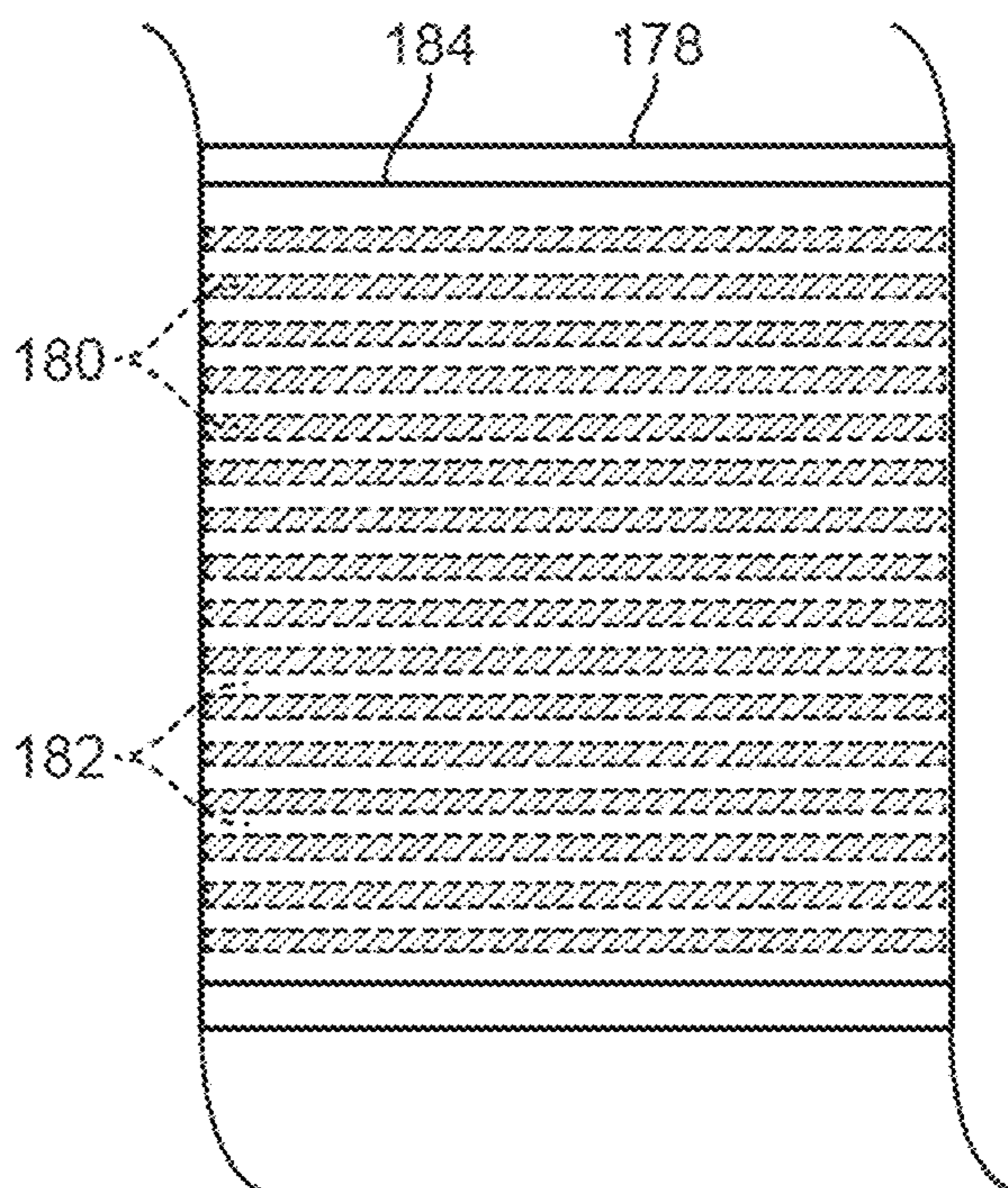


FIG. 13C

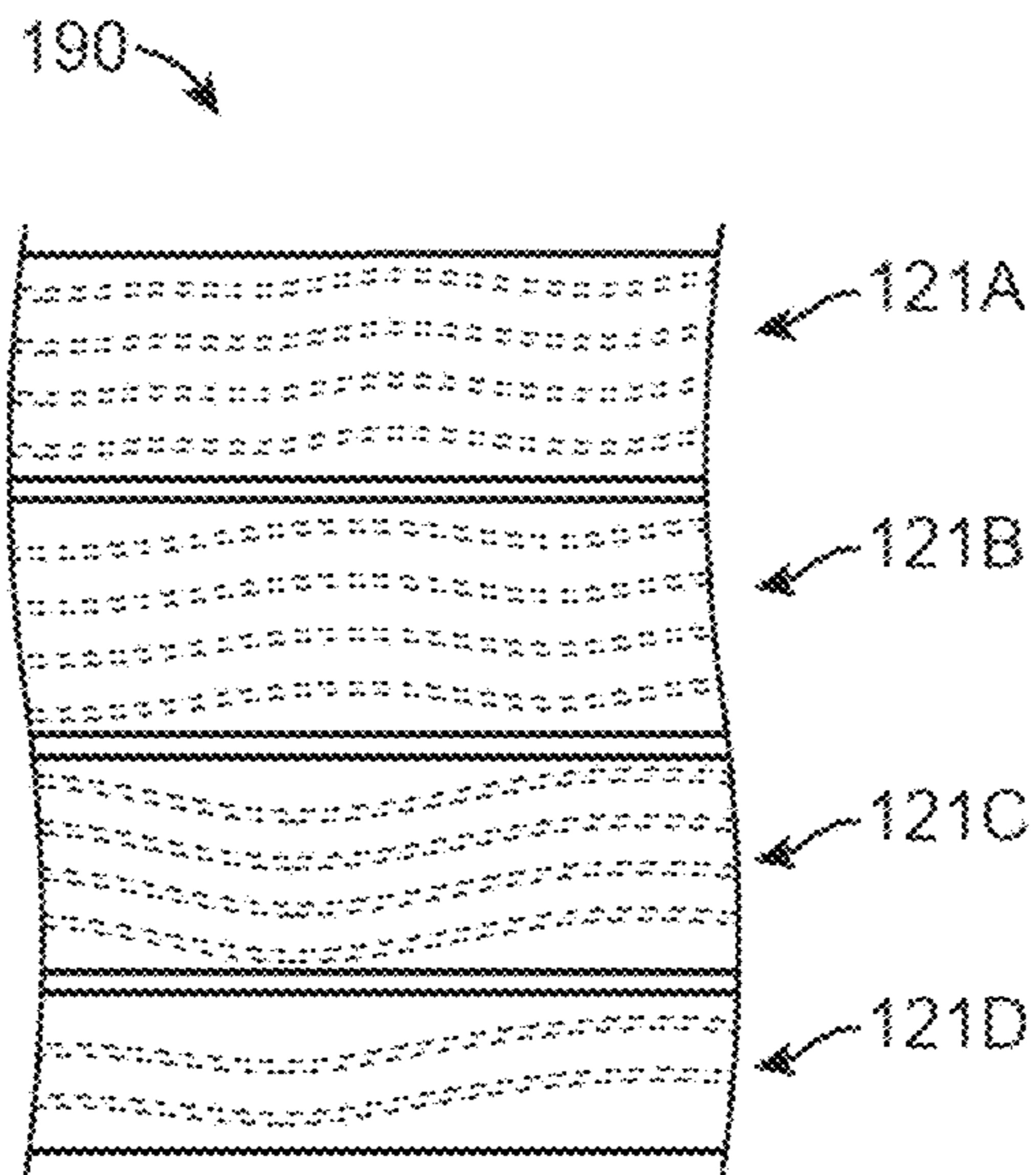


FIG. 14A

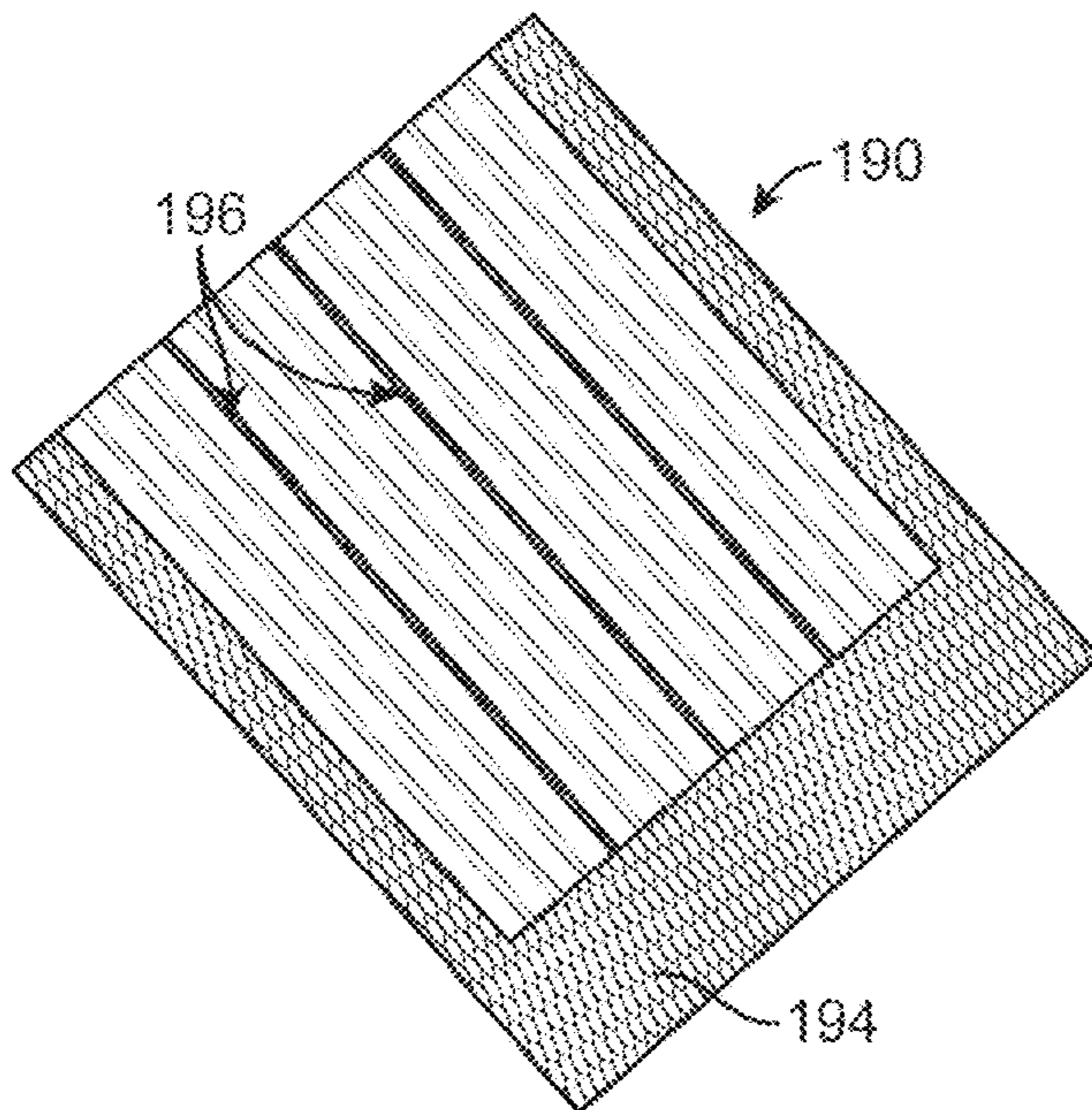


FIG. 14B

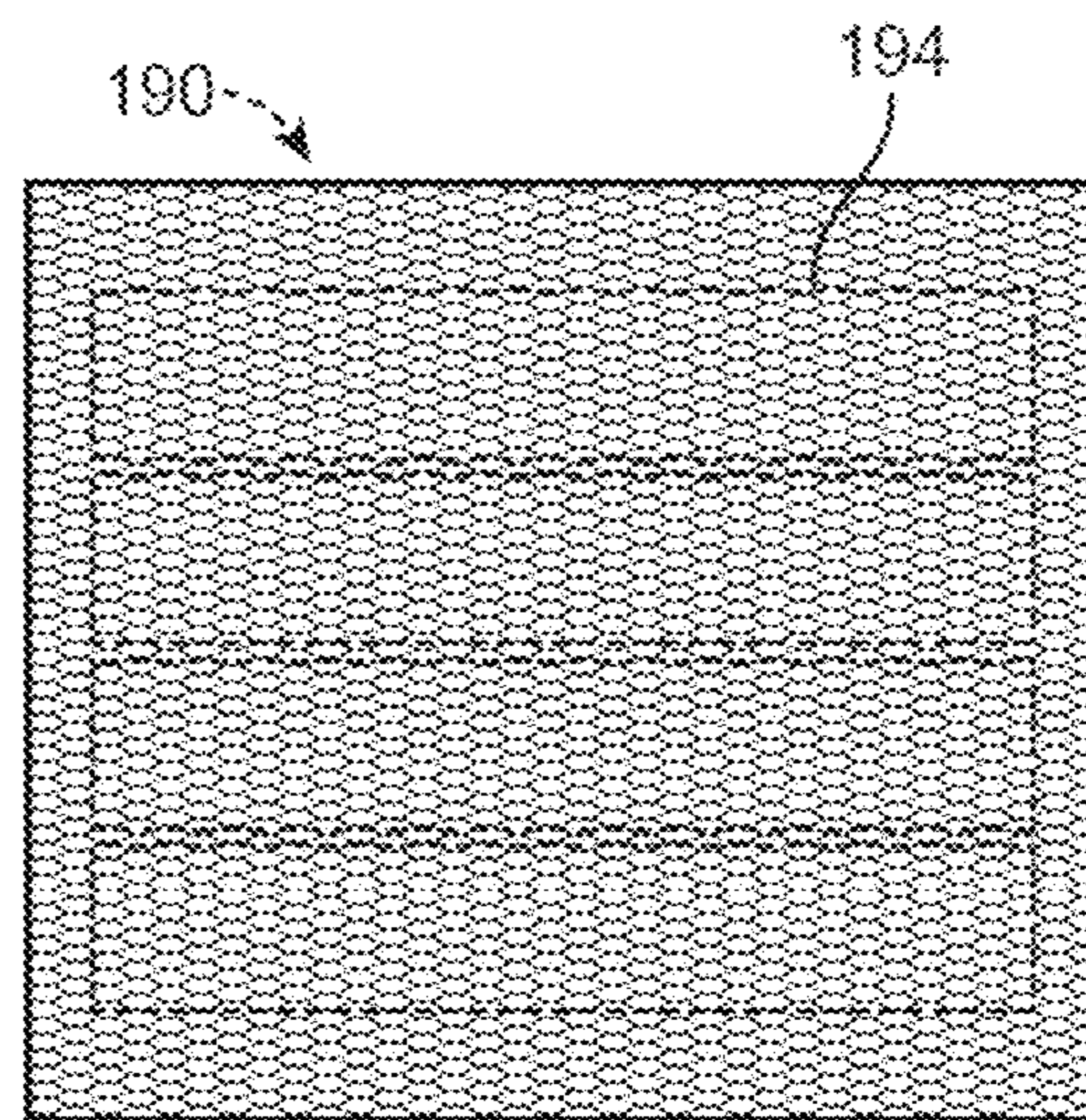


FIG. 14C

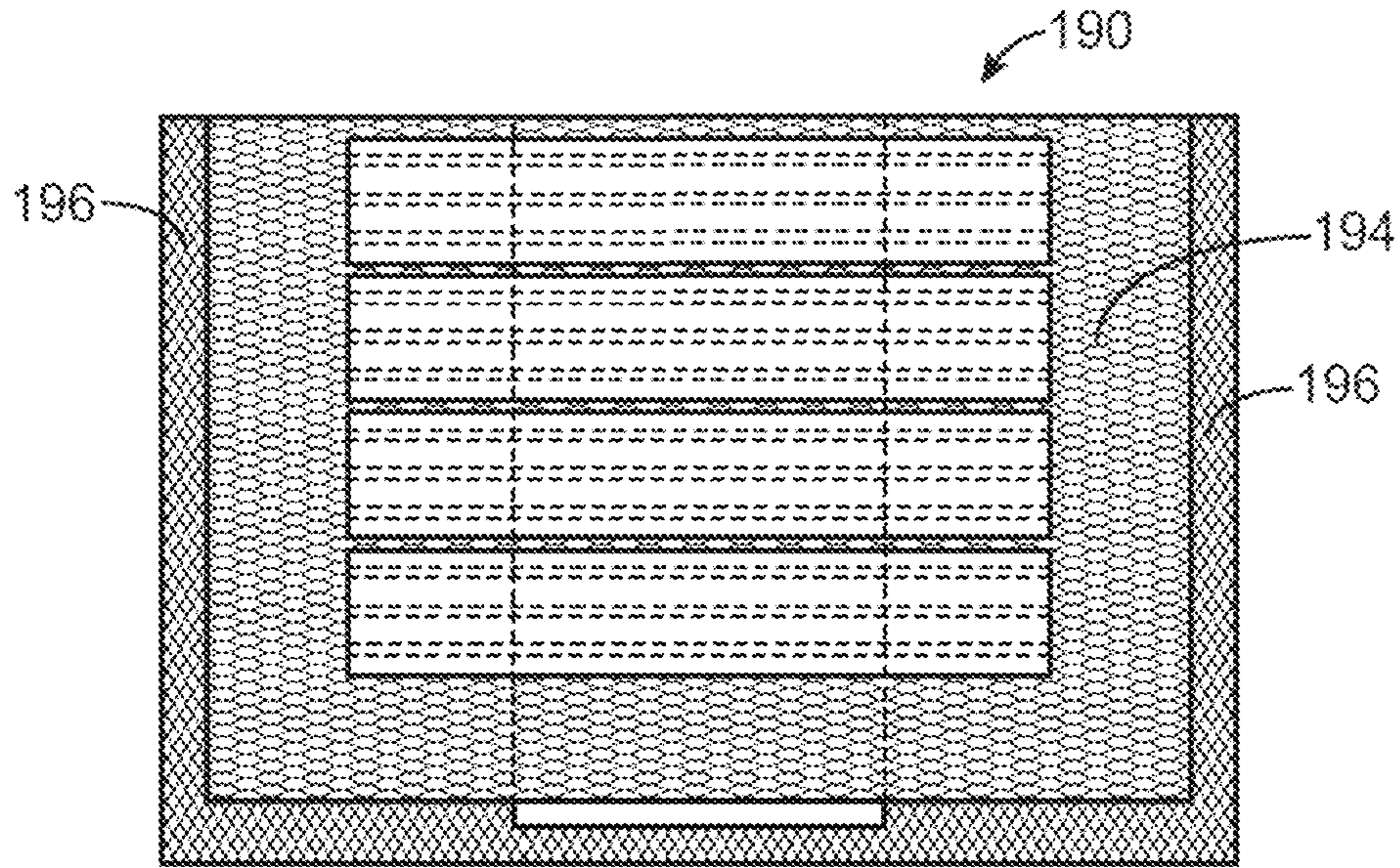


FIG. 14D

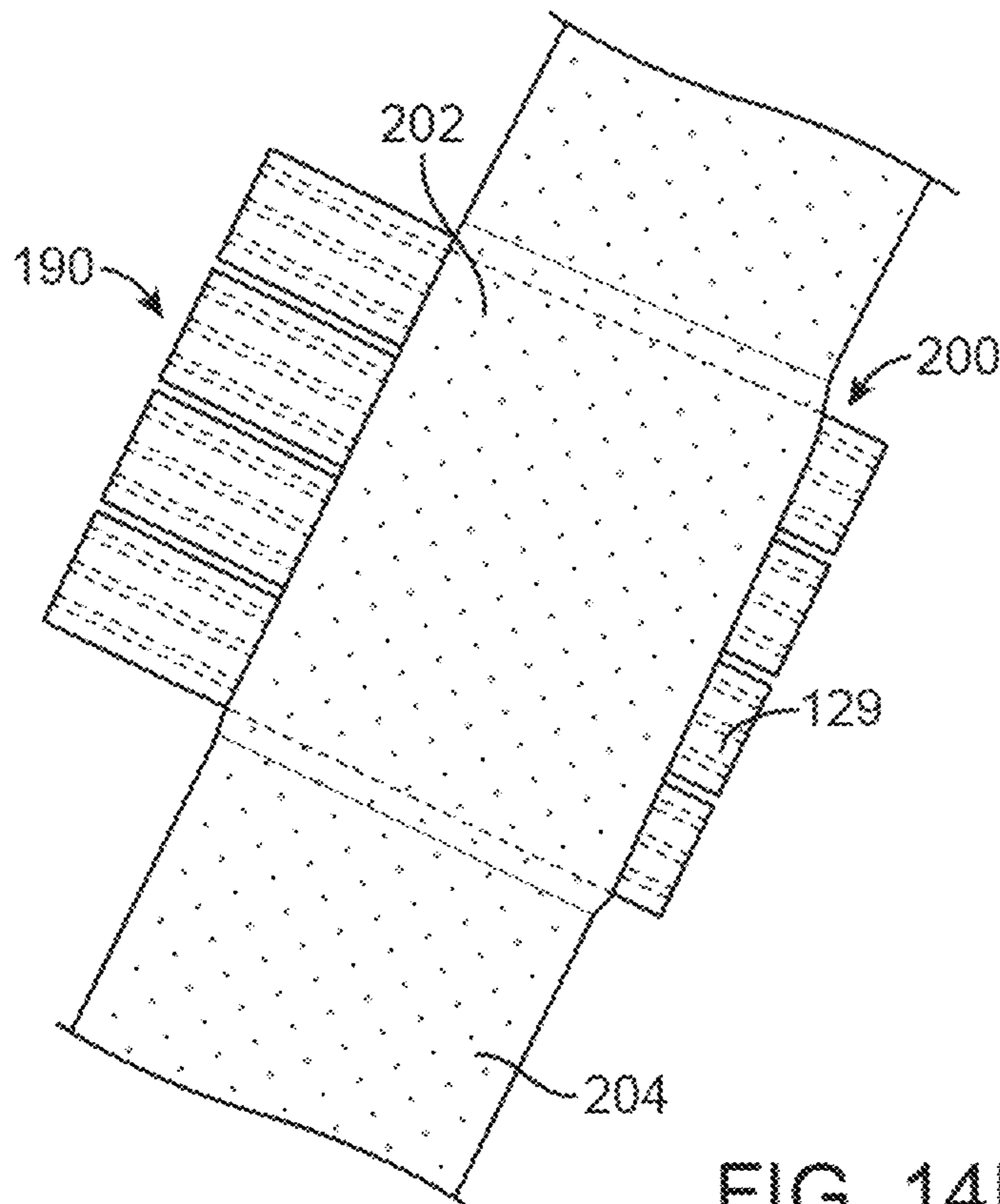


FIG. 14E

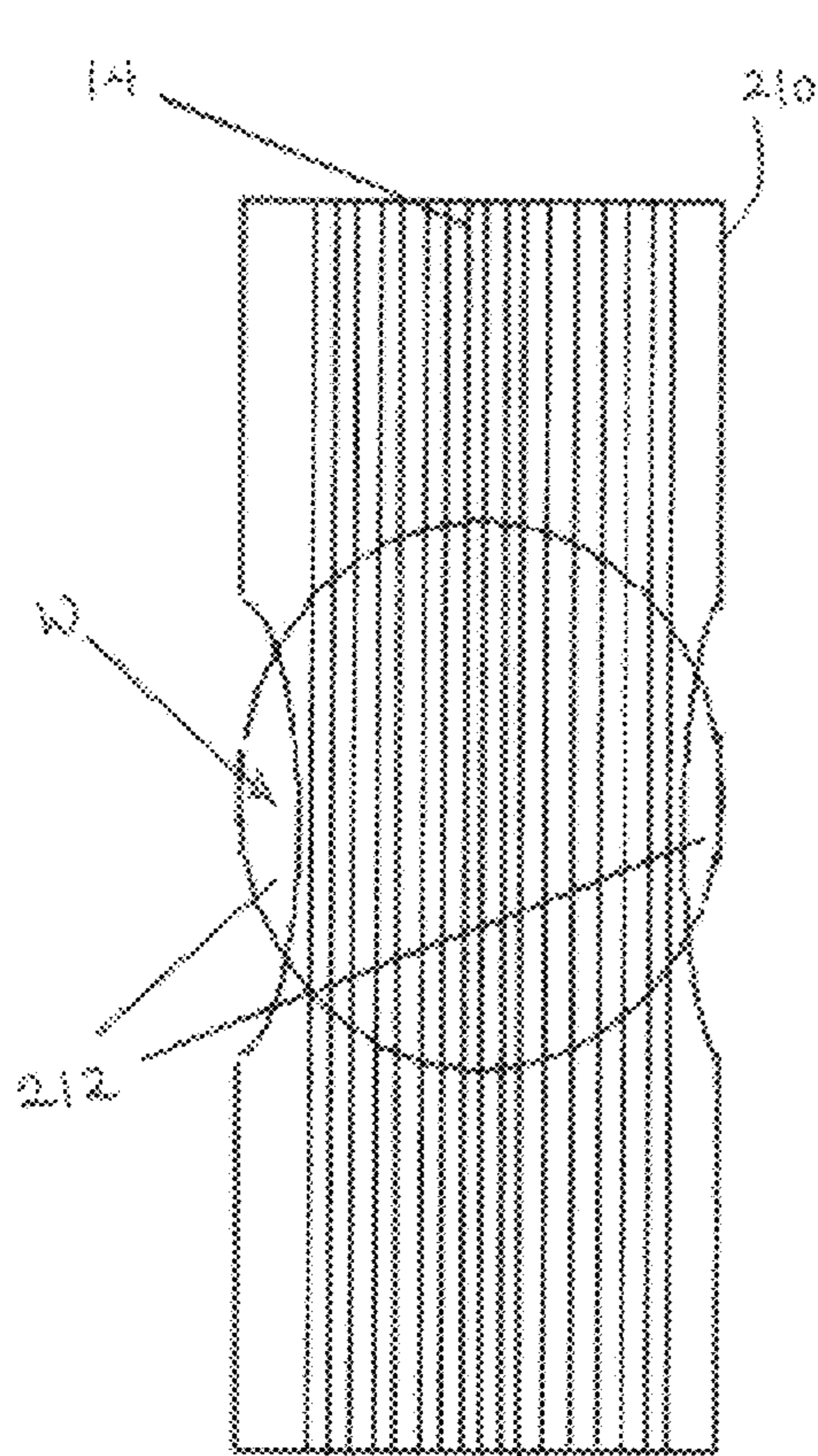


FIG. 15A

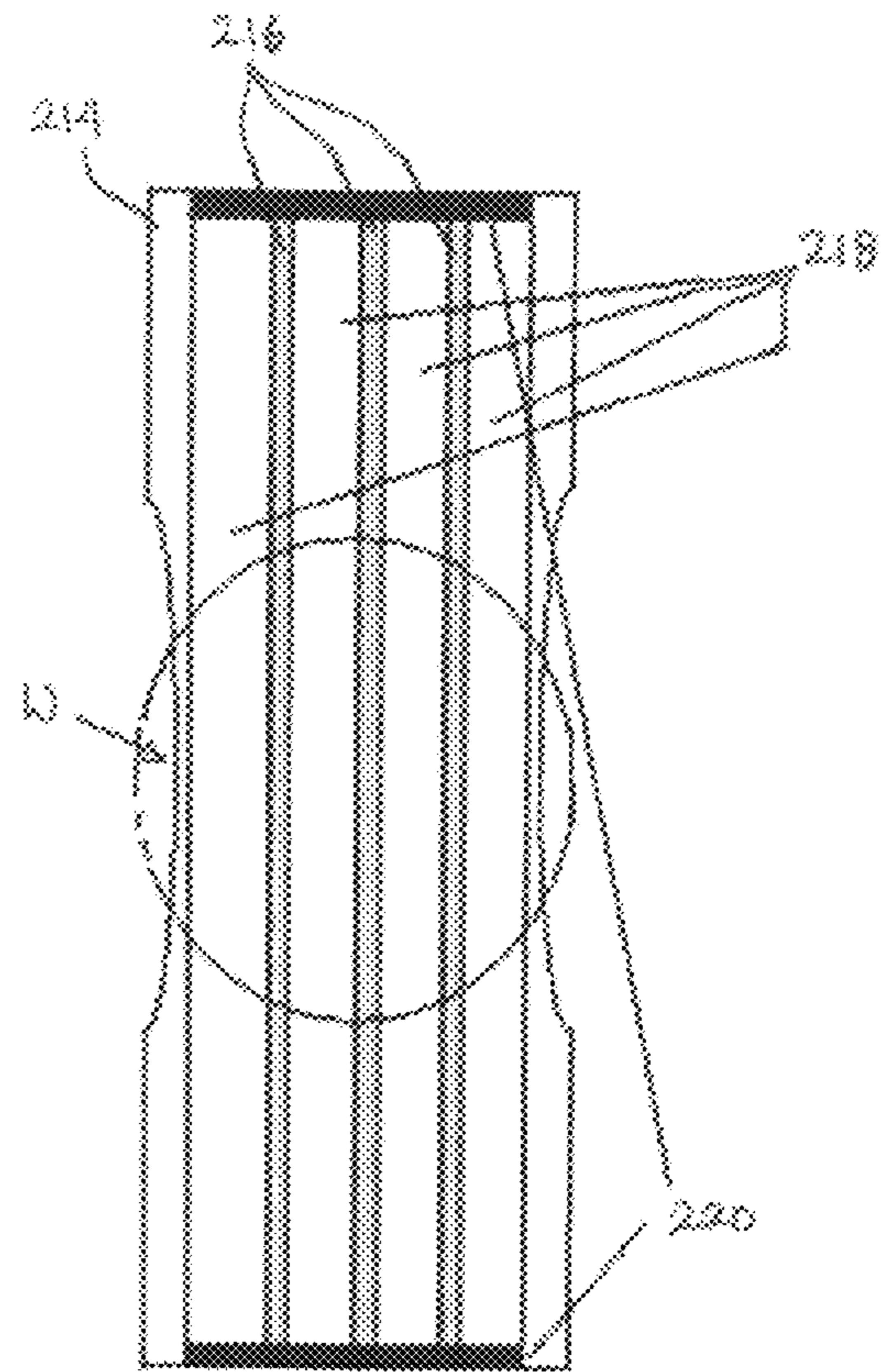


FIG. 15B

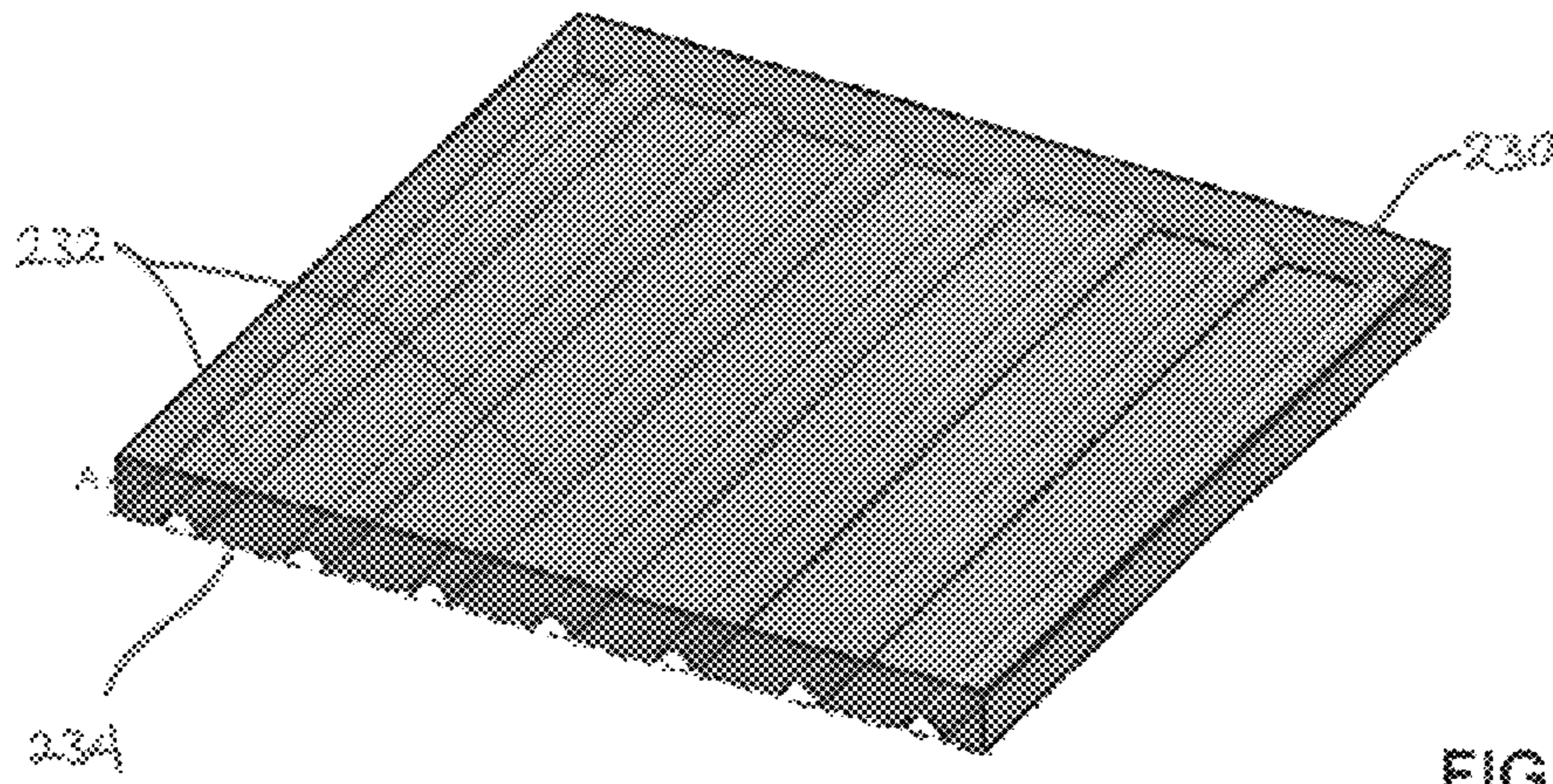


FIG. 16

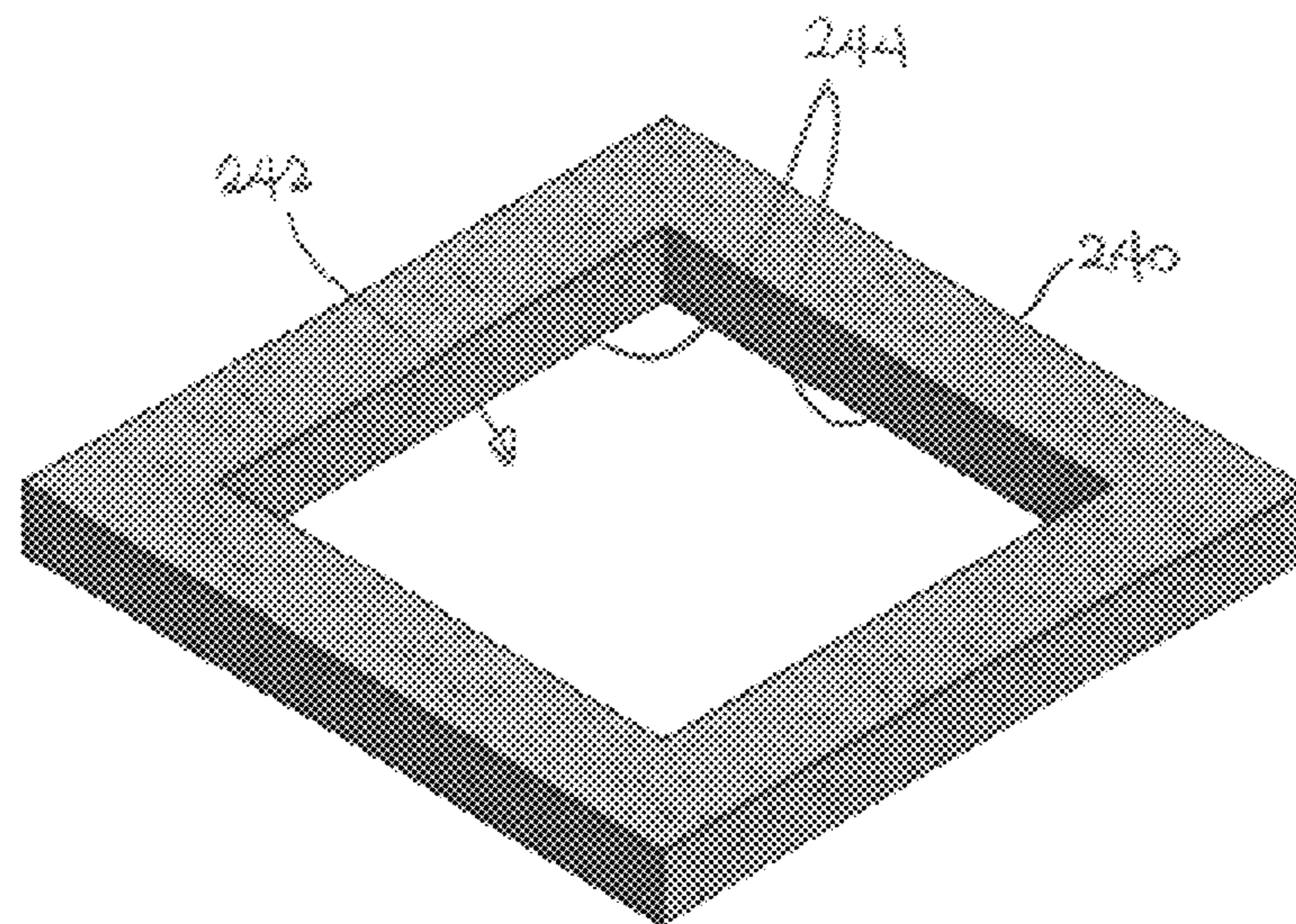


FIG. 17

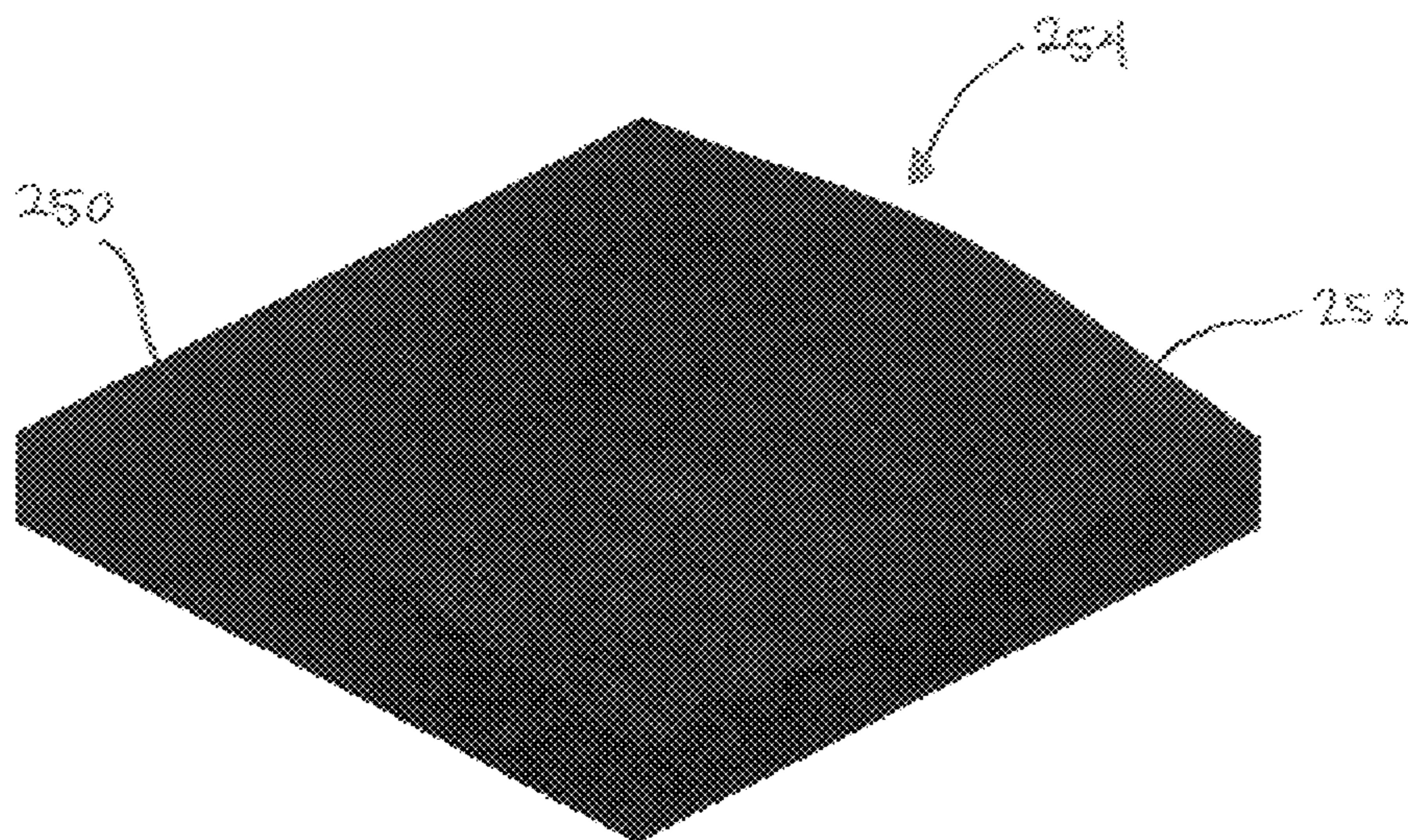


FIG. 18

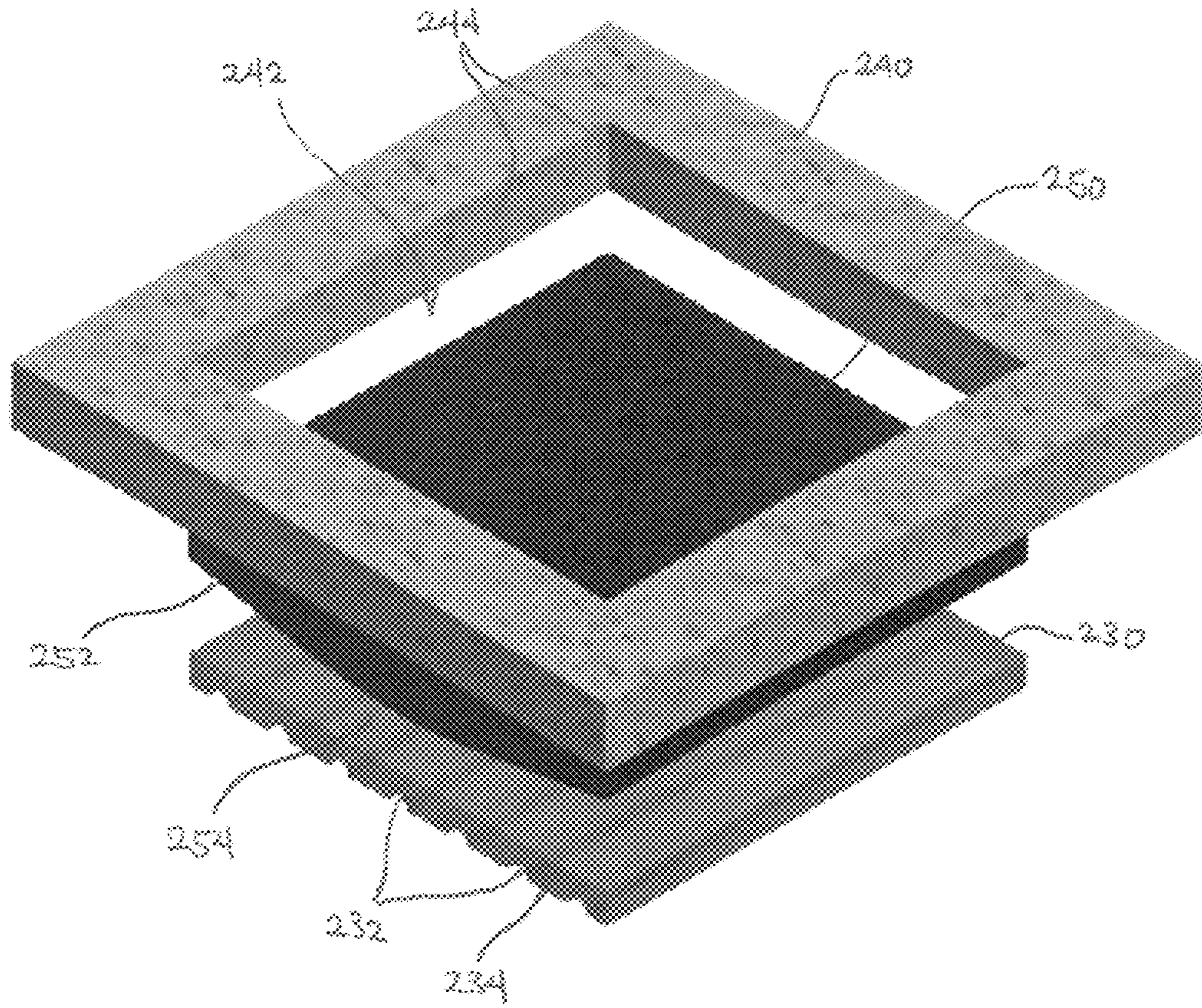


FIG. 19A

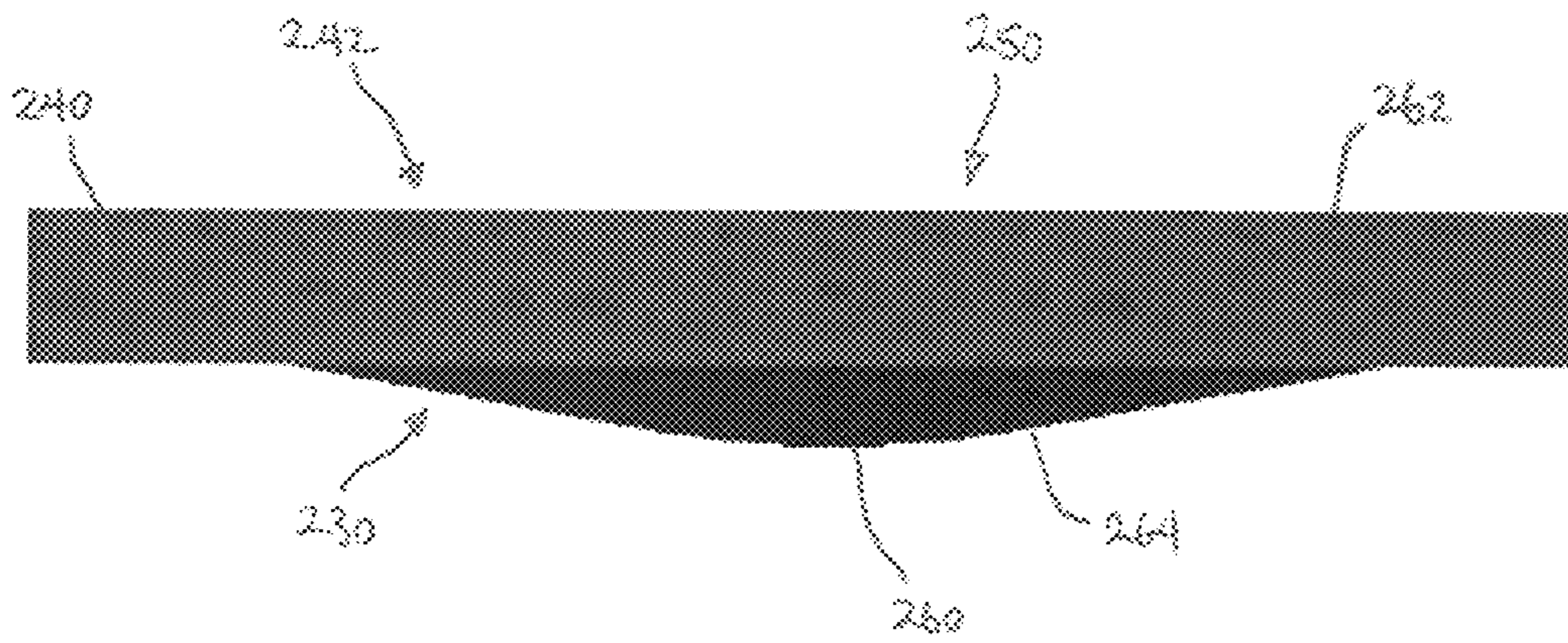


FIG. 19B

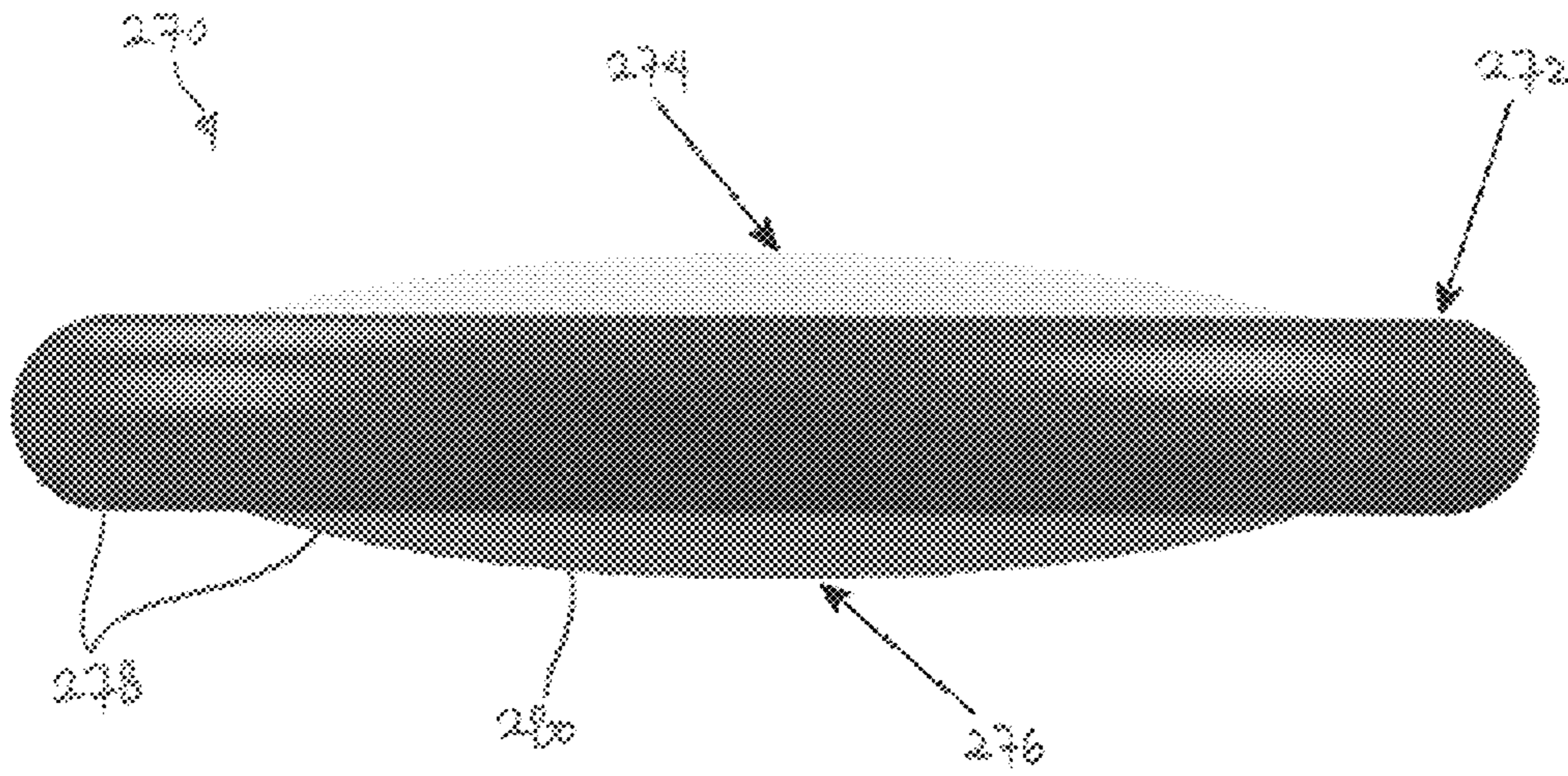


FIG. 20A

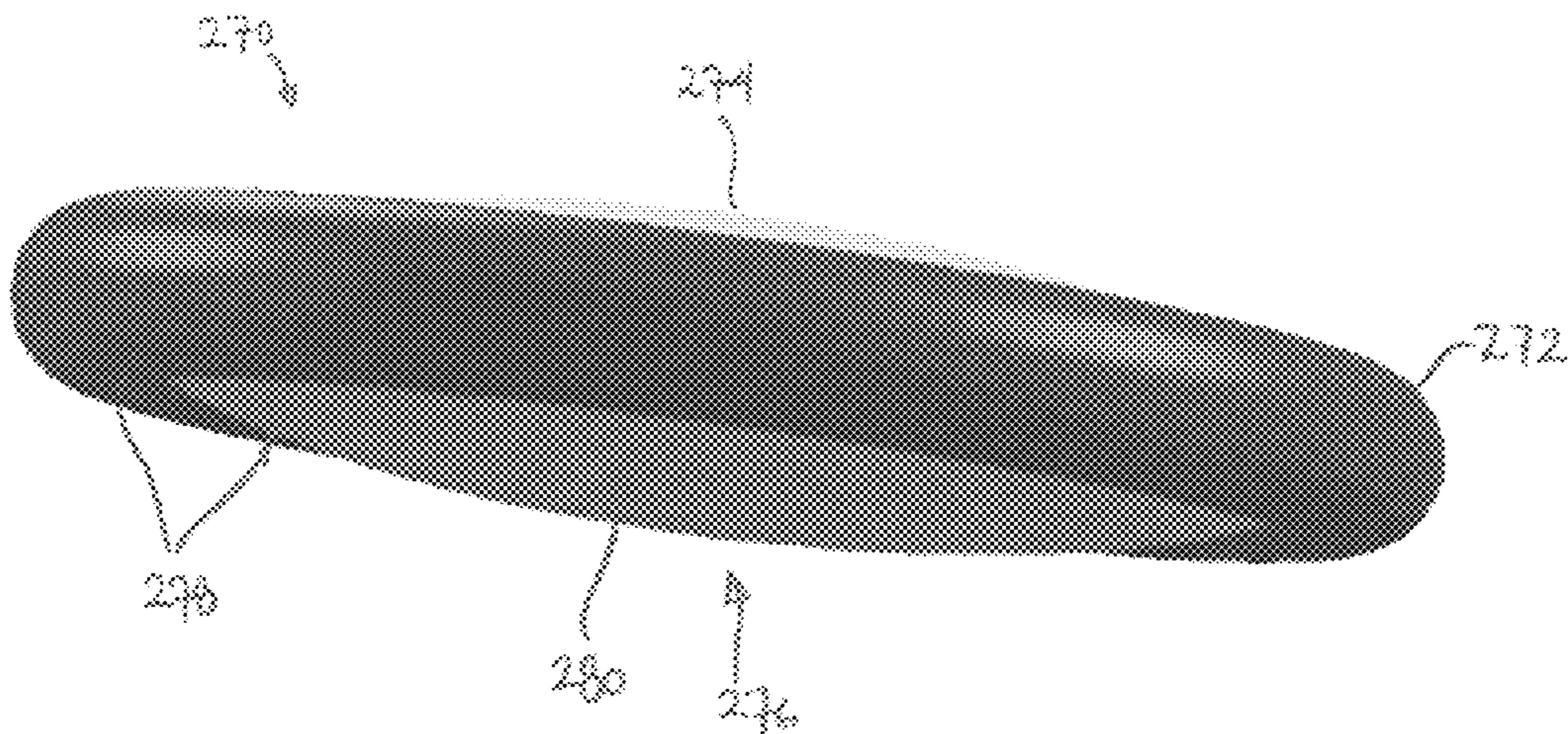


FIG. 20B

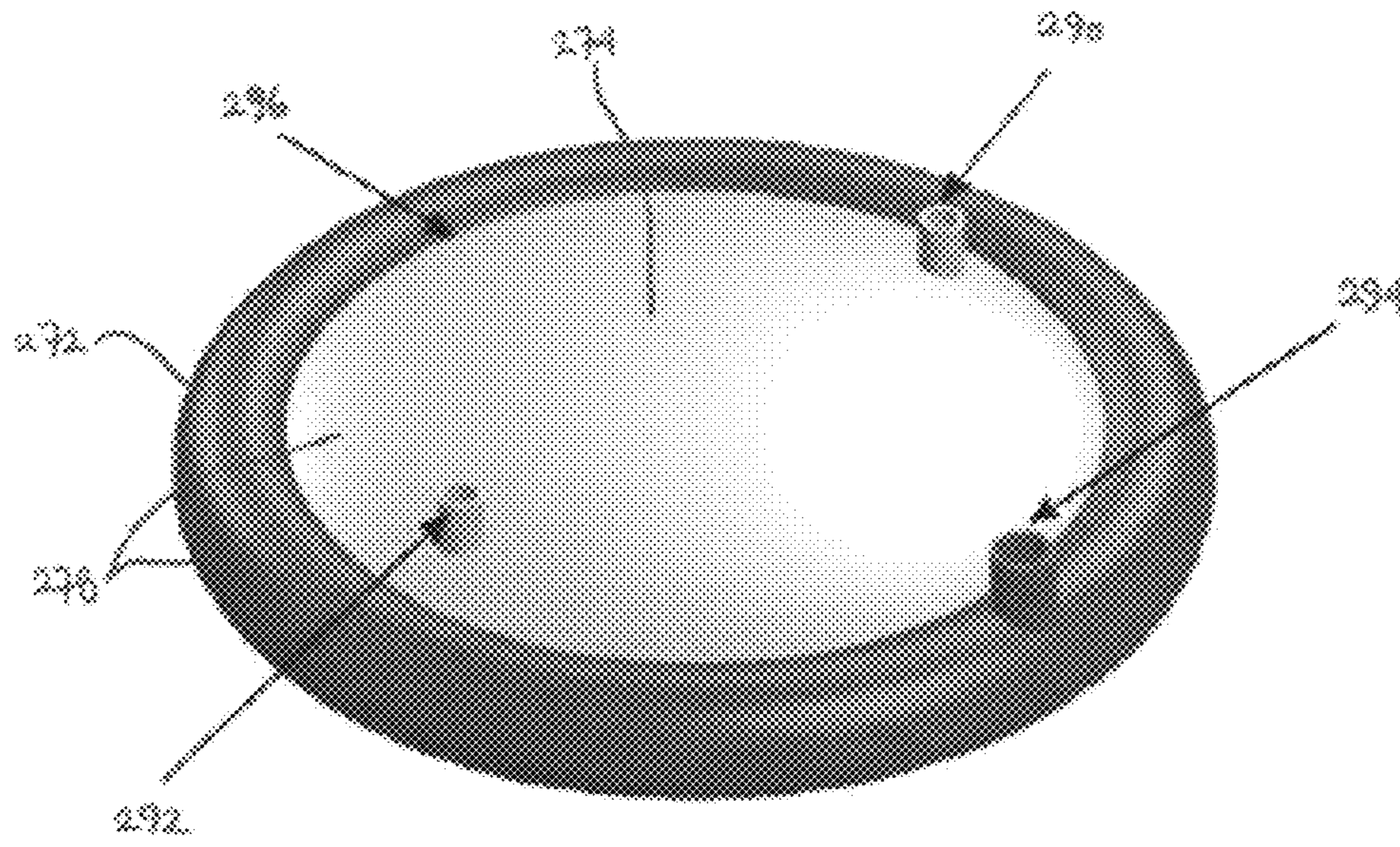


FIG. 21A

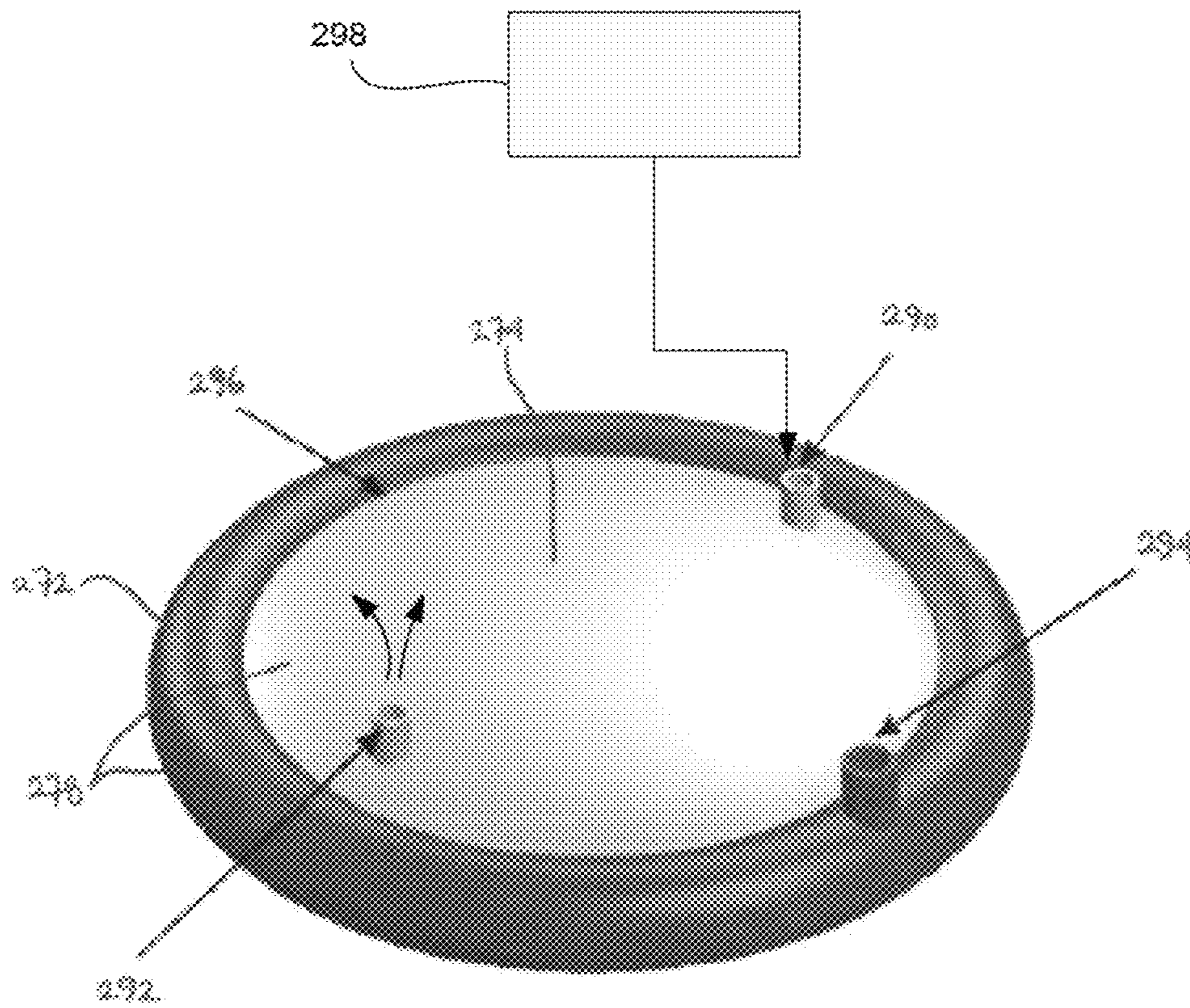


FIG. 21B

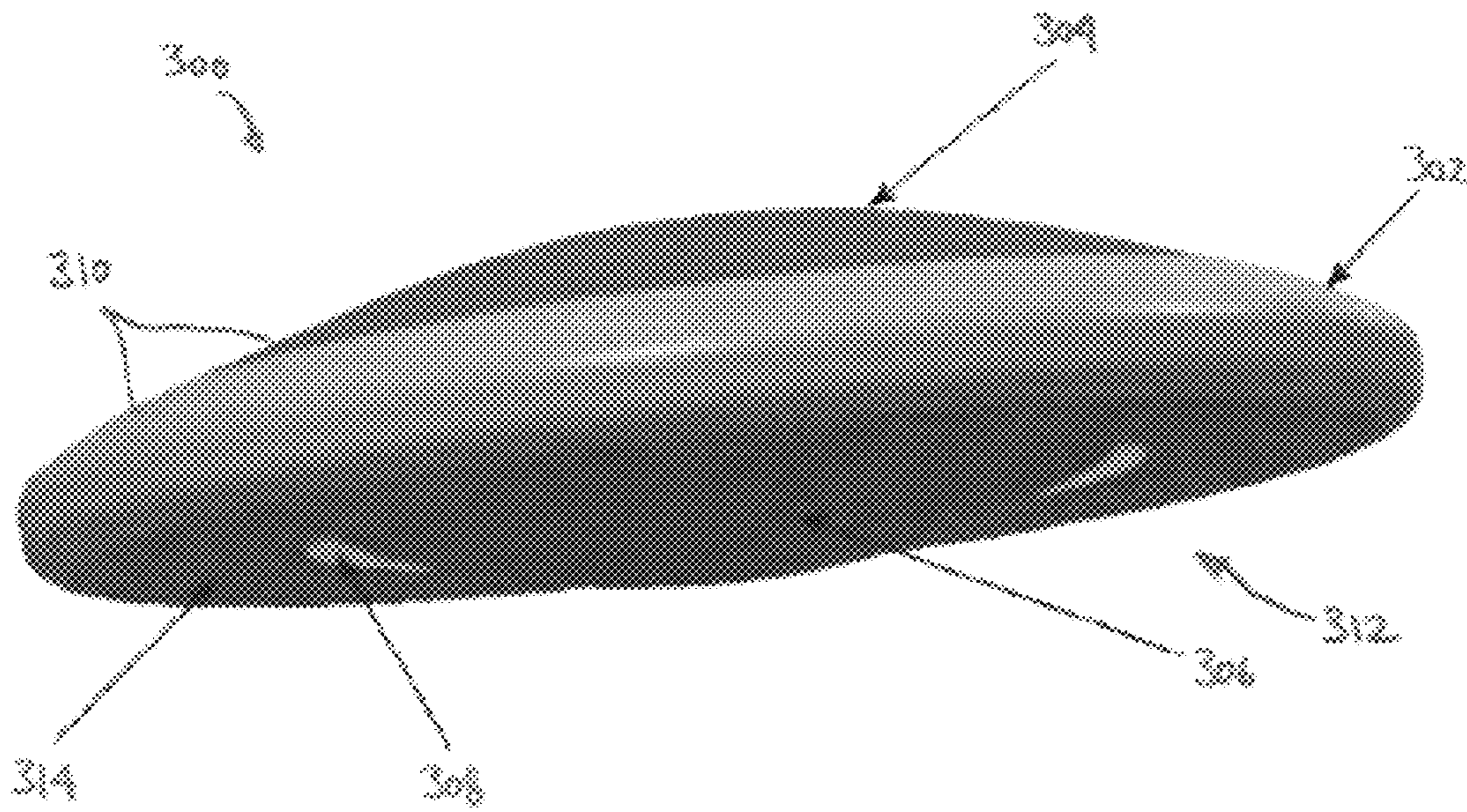


FIG. 22

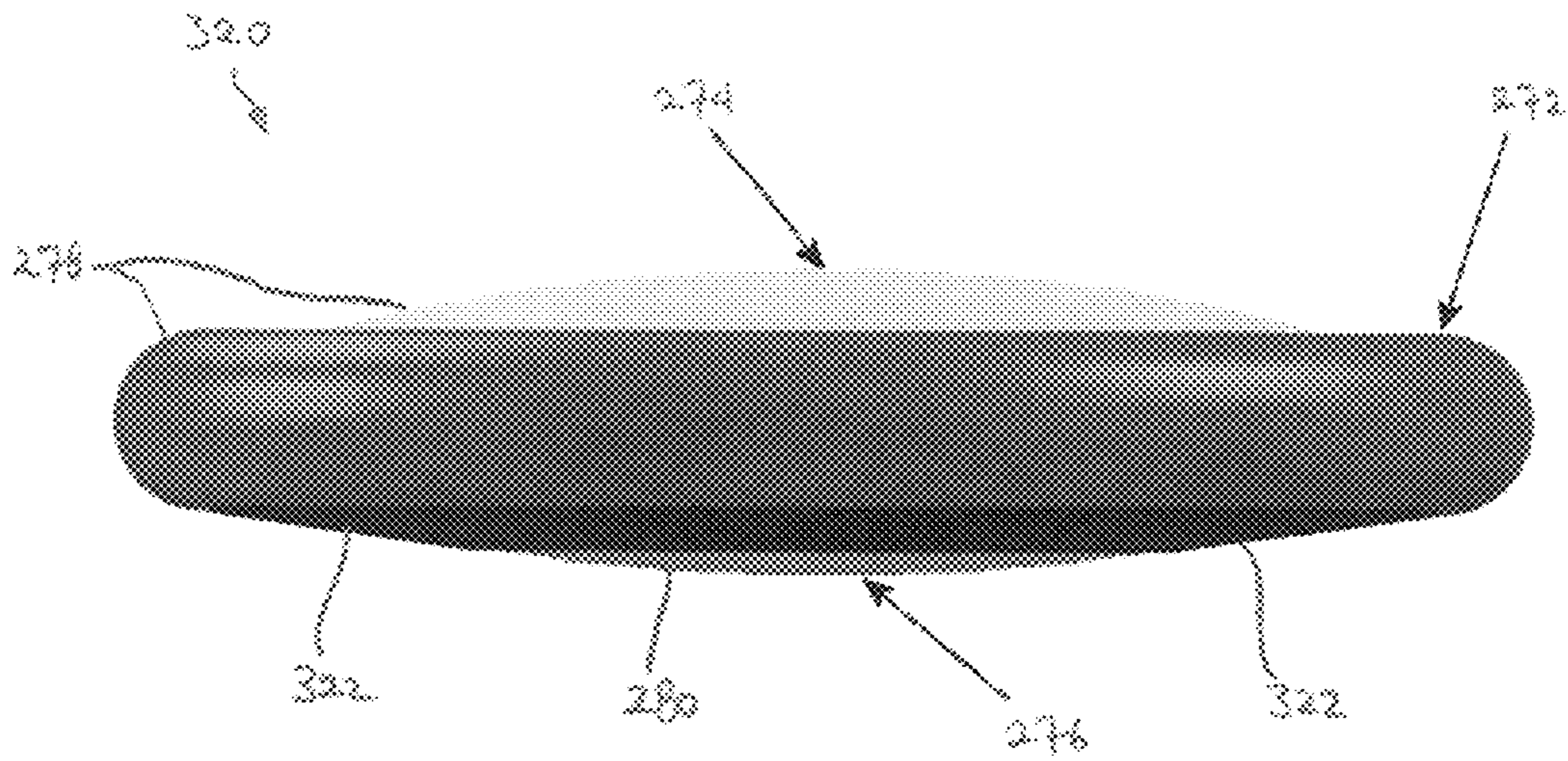


FIG. 23

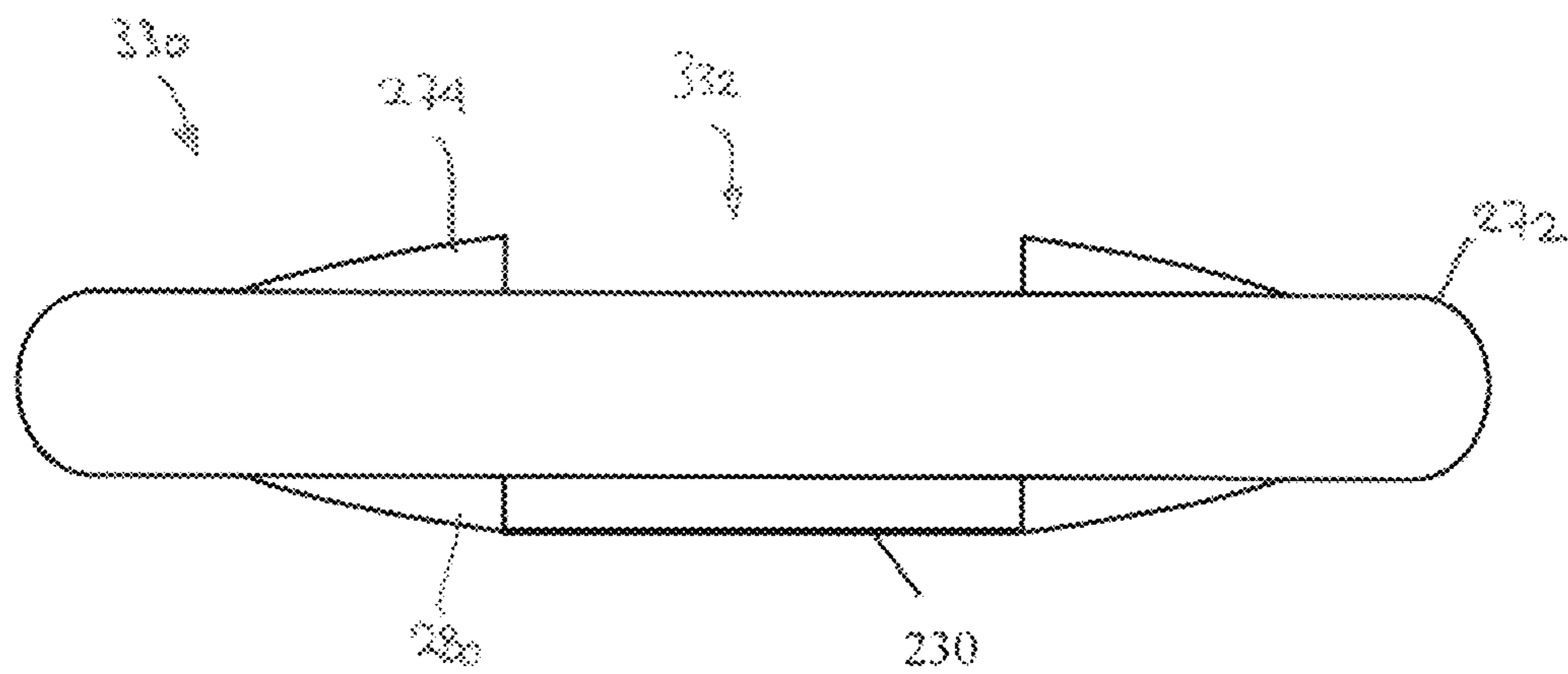


FIG. 24

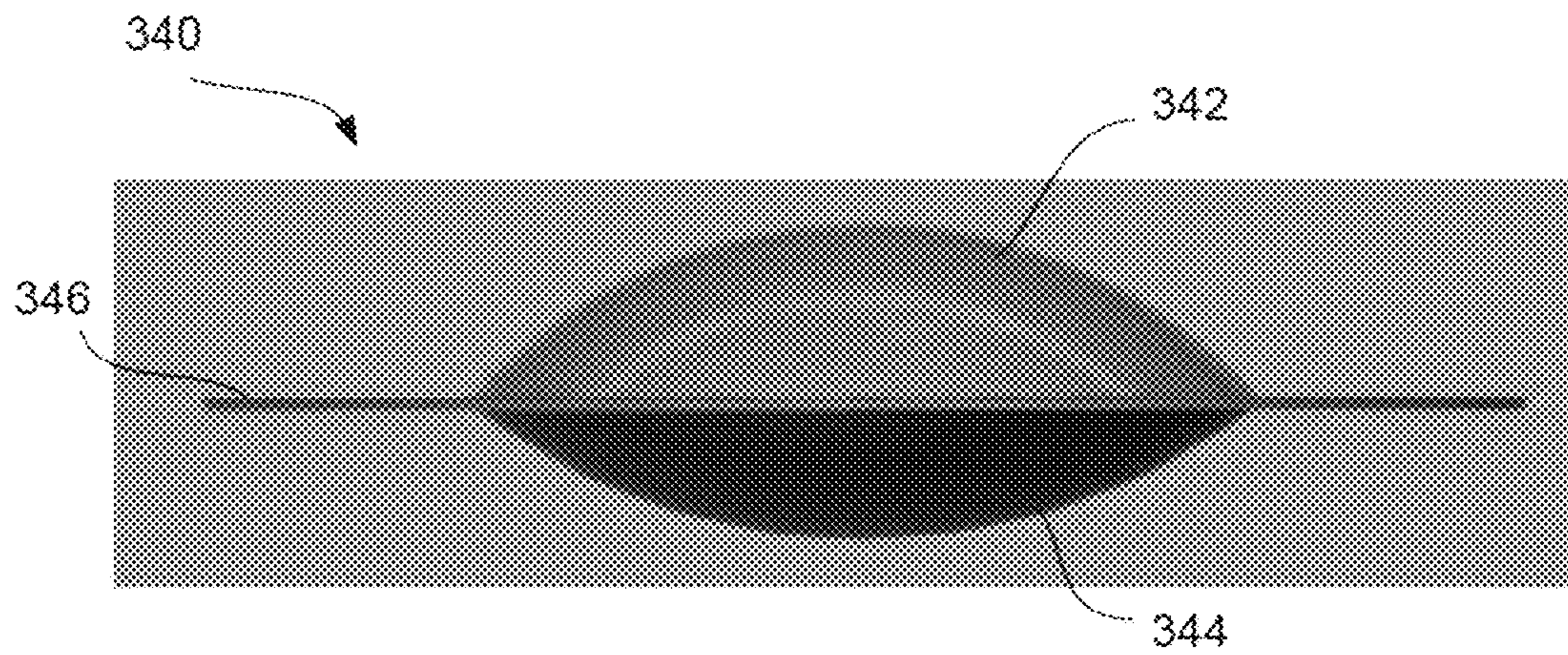


FIG. 25A

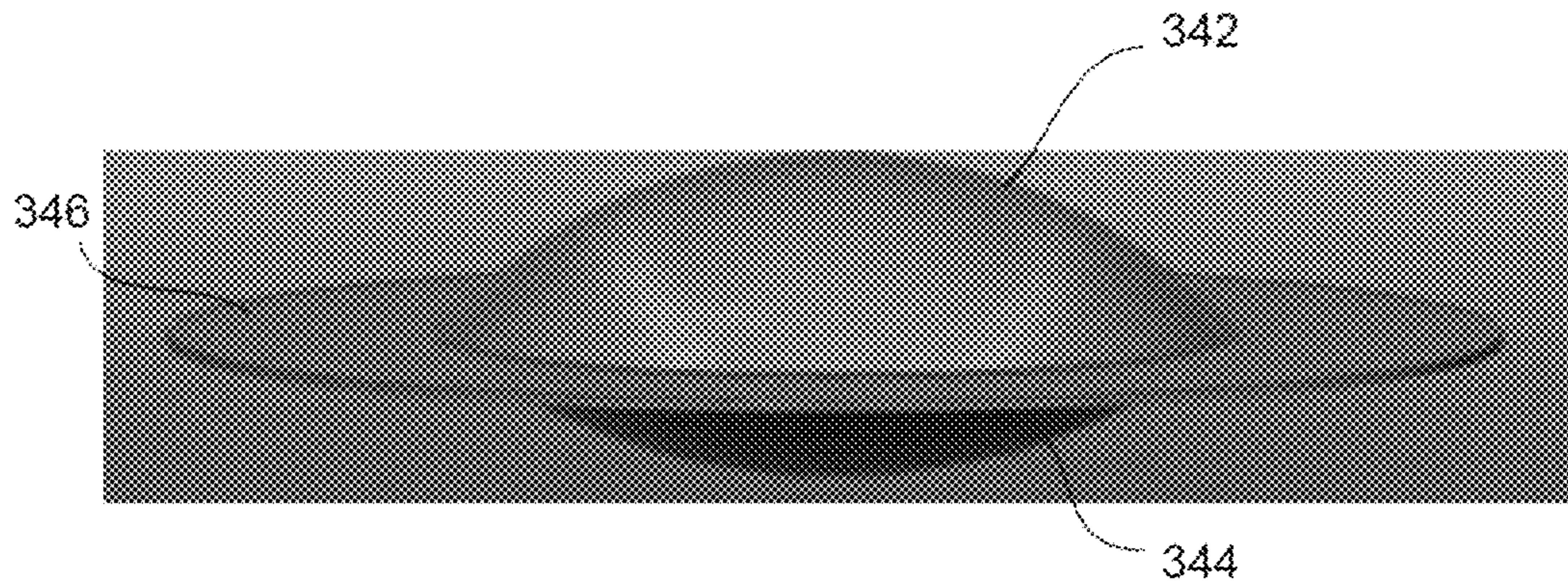


FIG. 25B

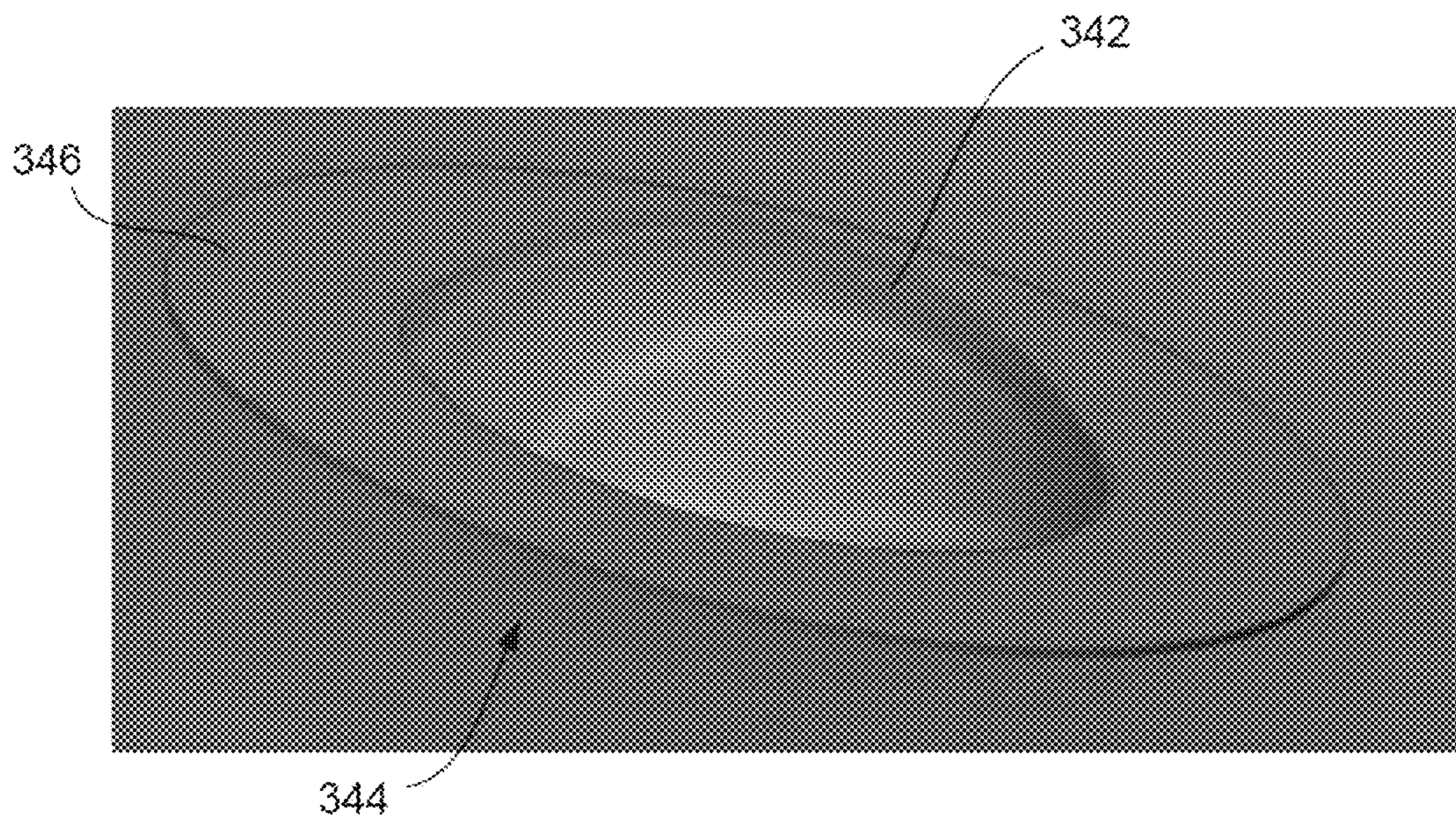


FIG. 25C

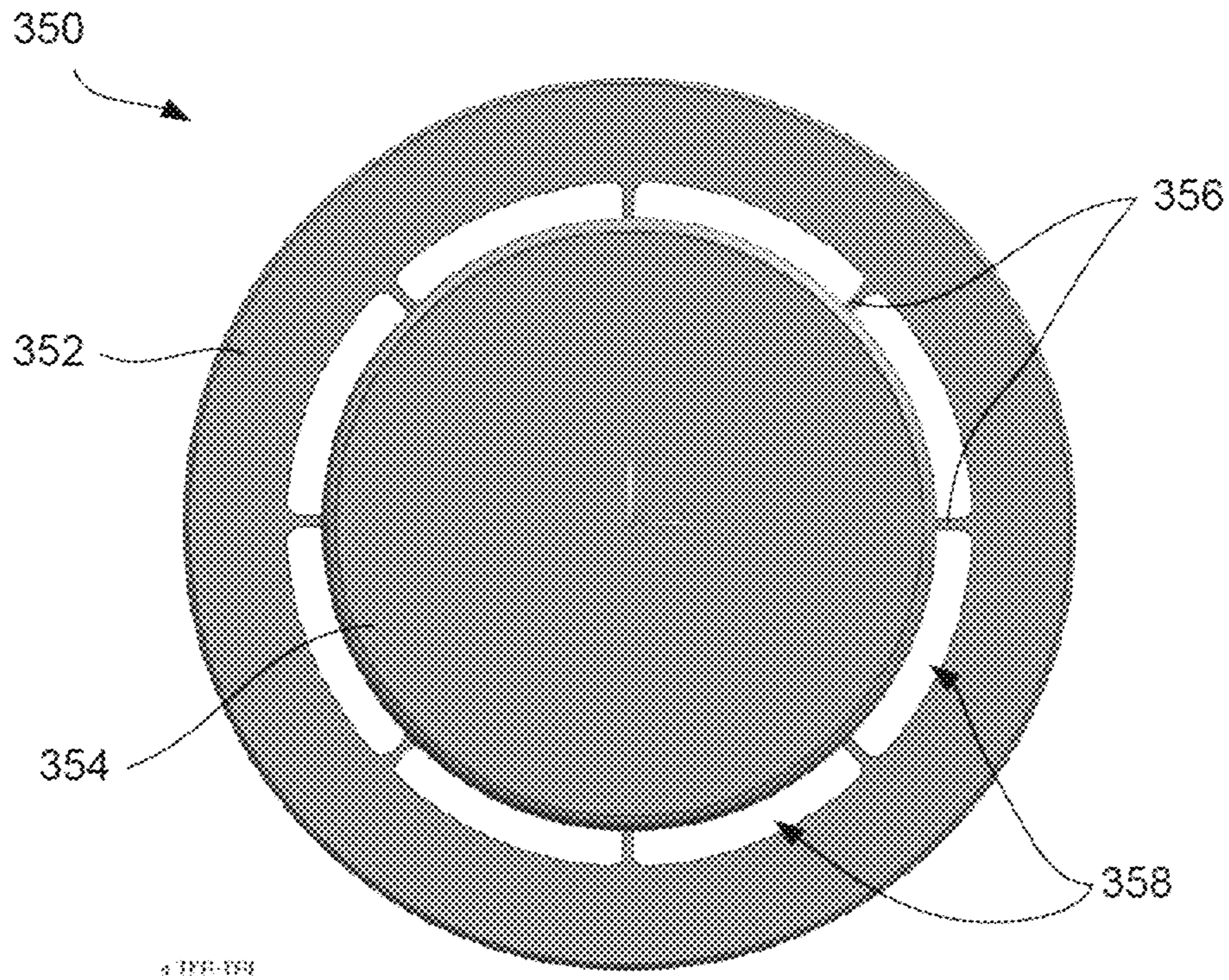


FIG. 26A

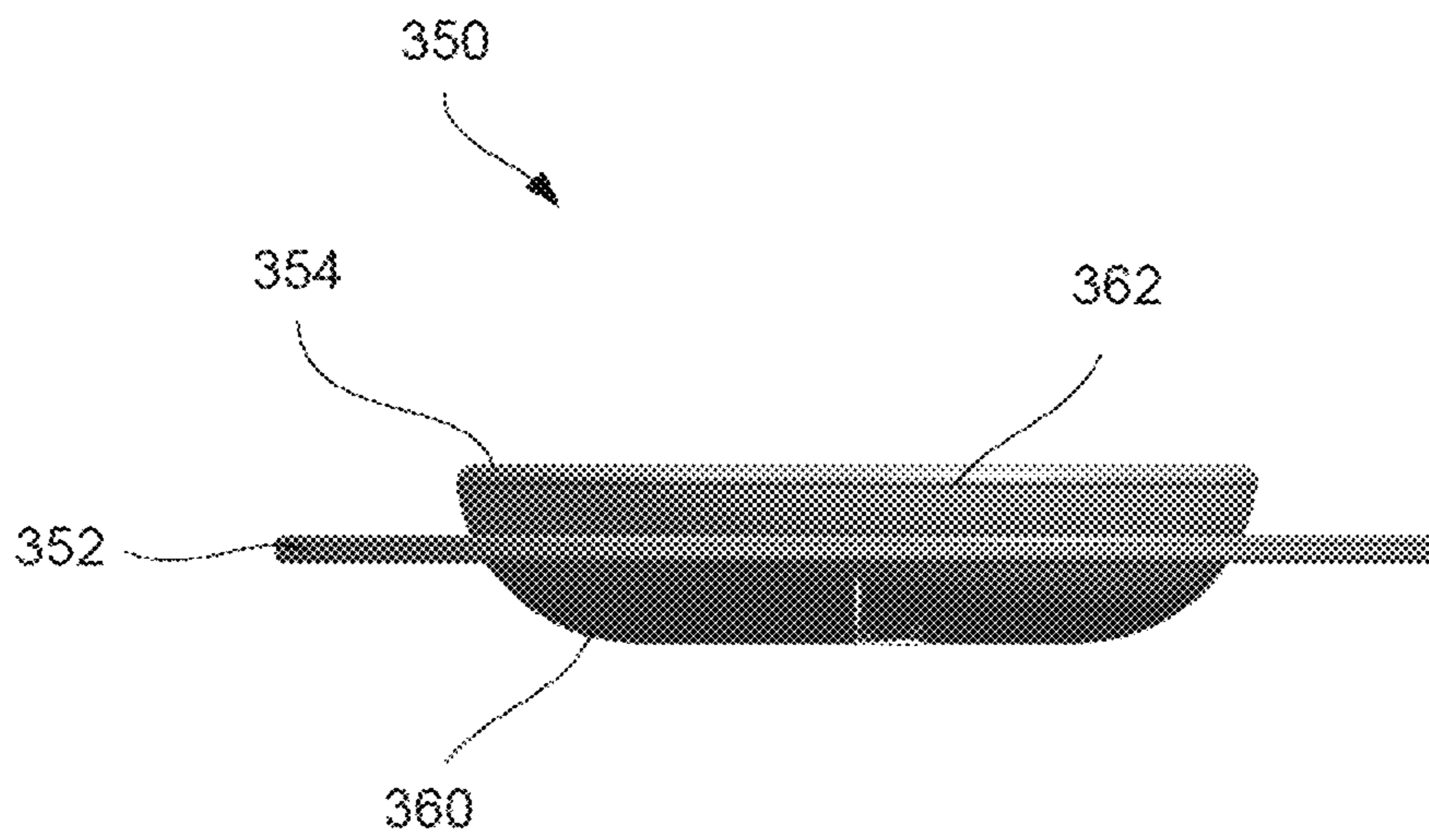


FIG. 26B

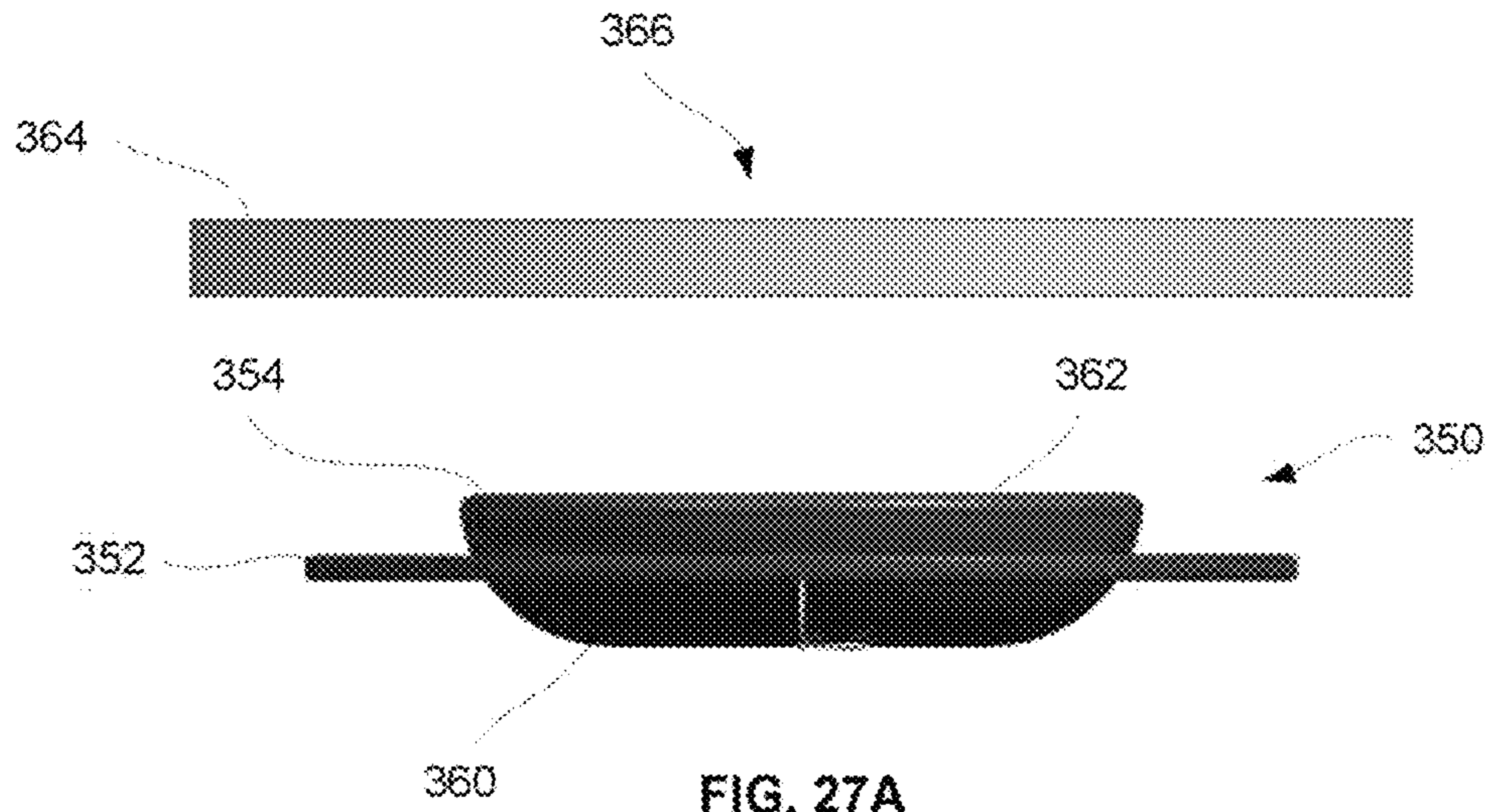


FIG. 27A

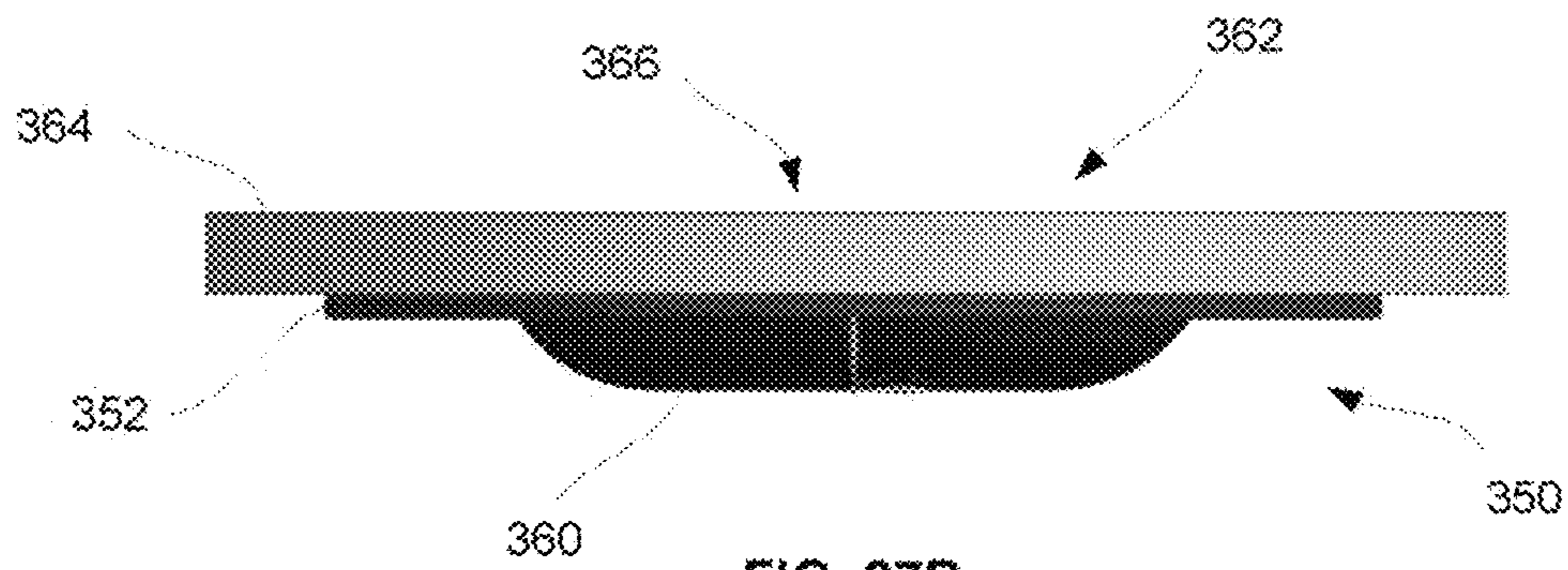


FIG. 27B

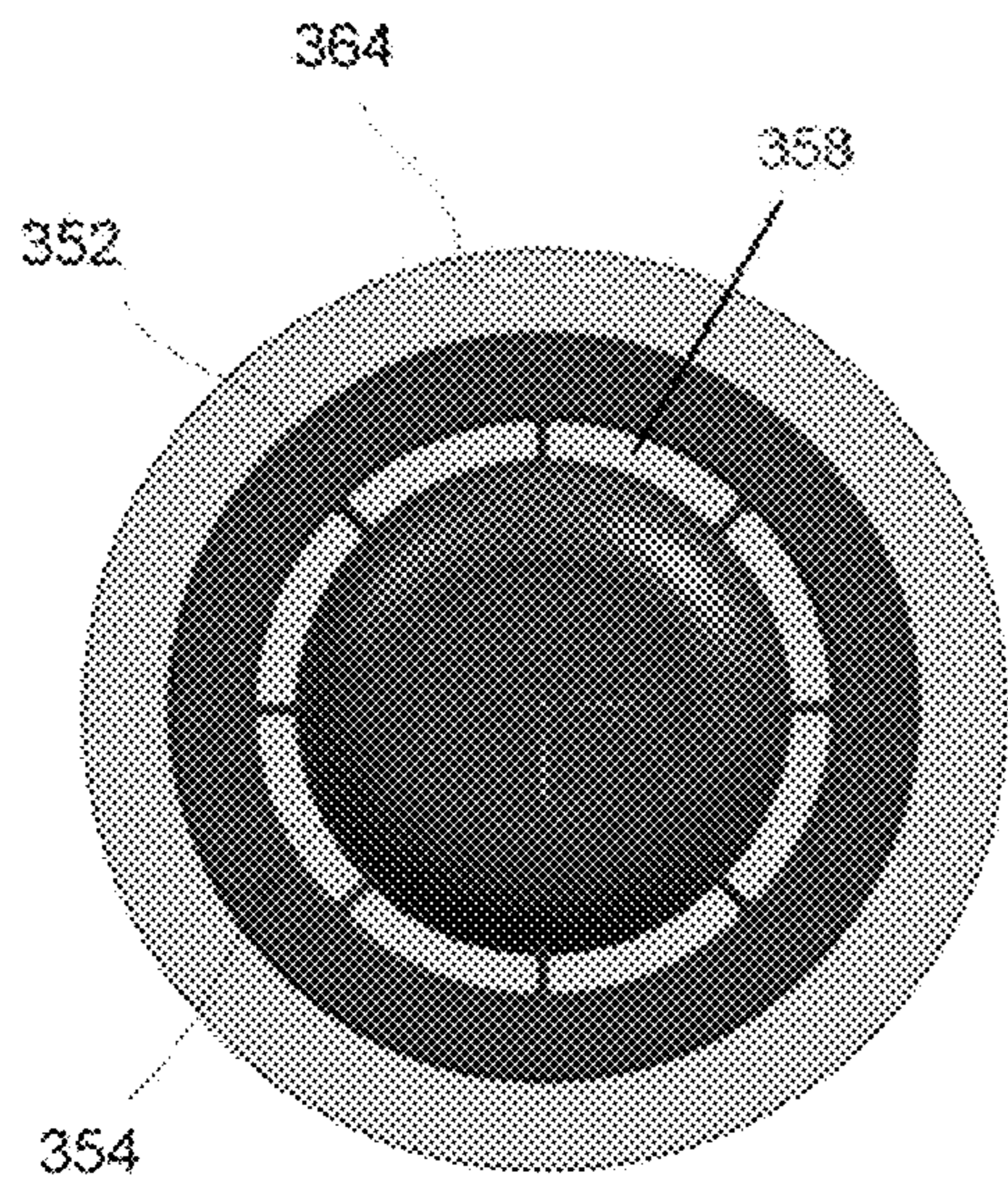


FIG. 27C

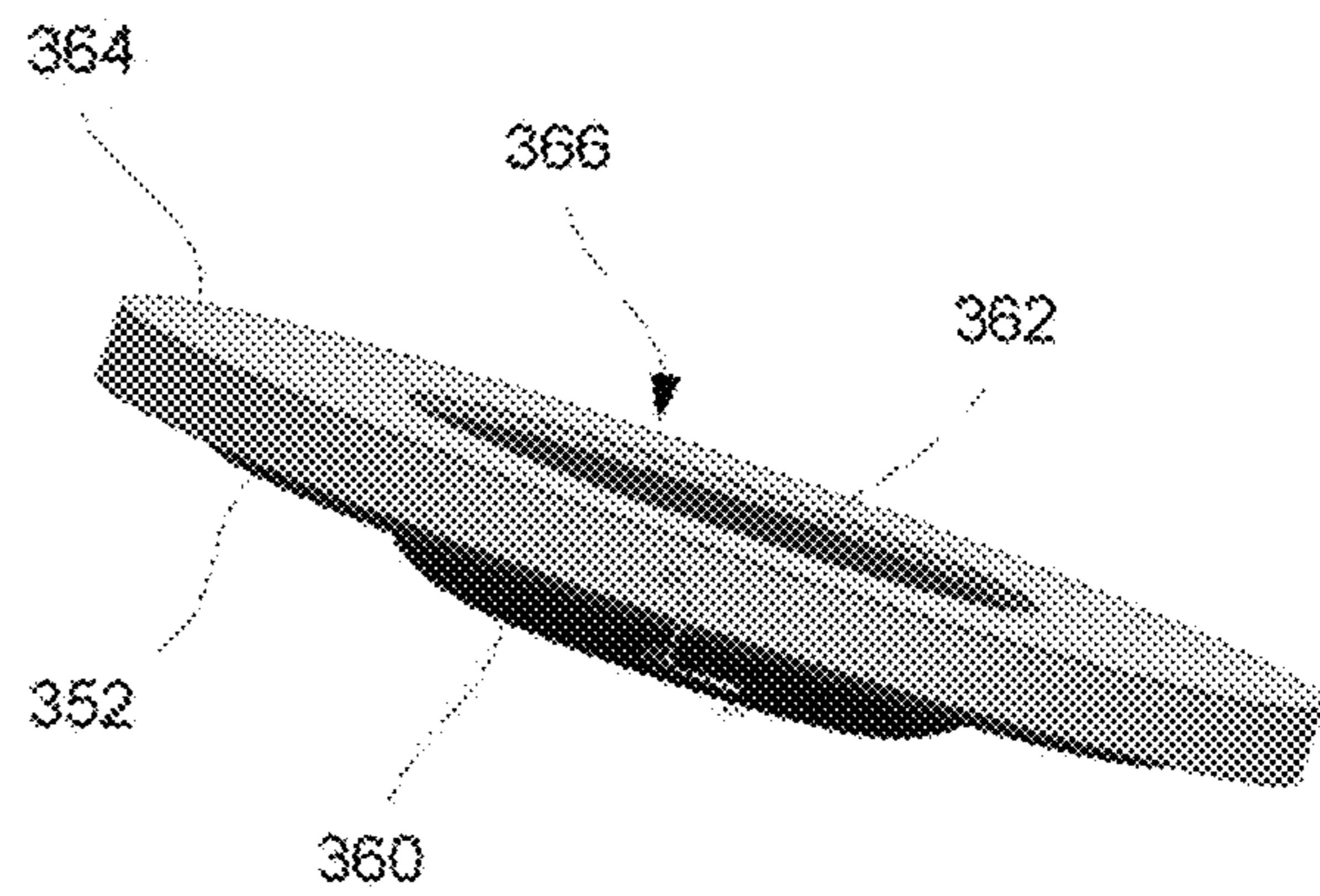


FIG. 27D

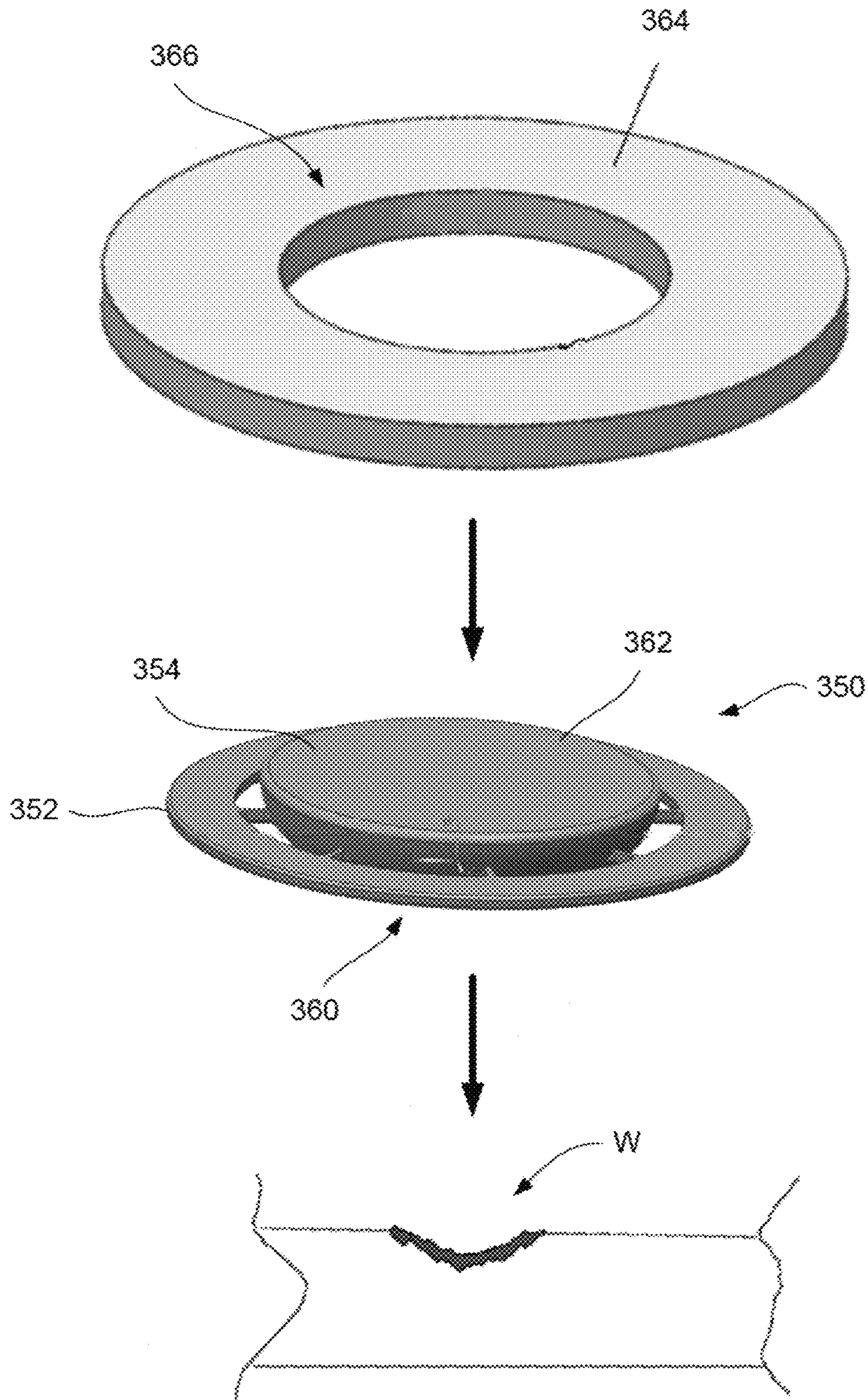


FIG. 28

COMPRESSIVE OXYGEN DIFFUSIVE WOUND DRESSINGS

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a divisional of U.S. patent application Ser. No. 13/692,343 filed Dec. 3, 2012 (now U.S. Pat. No. 9,572,968), which is a continuation-in-part of U.S. patent application Ser. No. 13/650,003 filed Oct. 11, 2012 (now U.S. Pat. No. 9,345,869), each of which is incorporated herein by reference in its entirety.

FIELD OF THE INVENTION

The present invention relates to wound dressing apparatus and methods of their manufacturing and use. More particularly, the present invention relates to wound dressings that allow for the oxygenation and prevention of dehydration of wounds while removing exudate from the wounds and methods of their use.

BACKGROUND OF THE INVENTION

To facilitate the healing of wounds, the wound environment needs to be conducive to cell survival and proliferation. If the wound becomes dehydrated or if a pool of exudate develops above or within the wound, oxygen diffusion to or through the wound becomes impeded and the cells become hypoxic, which impairs their function (for example, the antimicrobial activity of neutrophils or the production of collagen by fibroblasts). Under sustained hypoxic or anoxic conditions the cells may die. This is especially true if the wound has impaired vascular delivery of oxygen from the native blood vessels. Dressings which are used to simply cover wounds typically absorb at least a thin layer of exudate (e.g., more than a couple hundred microns of exudate within the dressing). If the exudate and/or if the dressing material itself limits oxygen permeation to the wound, the covered cells may die and impede wound healing. As the cells die, they release cytotoxic factors which cause additional cells to die, potentially leading to a downward spiral of cell death.

Wound dressings generally cover a wound and limit dehydration but also restrict oxygen availability to the wound, which leads to cells becoming anoxic and dying due to the limited oxygen supply. Cellular preparations such as platelet rich plasma gels improve wound healing, and providing oxygen from outside the wound may improve their effectiveness.

For aggressively weeping wounds, dressings used sometimes rely on evaporation to remove excess water from the exudate and wound site; however, this has the undesirable effect of concentrating toxic factors (e.g., metalloproteases) in the exudate and may worsen conditions. Moreover excess evaporation may also lead to wound dehydration which may further worsen the environment for wound healing. Dried exudate can form a crust with abrasive properties, further impeding healing.

In some treatments, wet gauze or hydrogel dressings are used to maintain a moist wound environment. In other situations hyperbaric oxygen treatments are used to oxygenate wounds. Other treatments for oxygenating wounds have used glucose and glucose oxidase to generate oxygen in situ or electrolysis of water in situ to generate oxygen. Other designs have actively delivered oxygen gas via a cannula under conventional dressings.

Yet other treatments have delivered peroxide rather than oxygen to wound sites where the peroxide is converted to oxygen in situ by native catalase or by, e.g., manganese dioxide.

5 Additional treatments have utilized films as dressings, e.g., polyurethane films, which include a stored reservoir of oxygen for application to the wound. Such reservoirs require replenishment. Absorbent materials such as polyHEMA hydrogel beads are sometimes poured directly into a wound.
10 Foreign materials poured into a wound may trap layers of exudate, water, or debris after becoming saturated, limiting oxygen diffusion through the interstitial spaces. Moreover, depending on the molecular weight exclusion profile of the absorbent material, debris and toxic high molecular weight
15 constituents of the exudate may become concentrated as water is absorbed into the material.

Accordingly, there is a need for a wound dressing which is able to maintain consistent high levels of oxygen permeability, prevent dehydration, and accommodate potentially
20 copious volumes of exudate.

SUMMARY OF THE INVENTION

Wound dressings which maintain a high availability of
25 oxygen to a wound and which also provide for uninterrupted exudate removal may utilize one or more oxygen conduits which are designed to pass oxygen from ambient air or other oxygen source into proximity to the wound where the oxygen may diffuse directly to the wound.

30 Generally, such wound dressing may comprise a hydrophilic absorbent material (e.g., sponge, foam, absorbent hydrogel, etc.) a hydrophilic absorbent material envelope which defines an open area for contacting a wound site and which at least partially encloses hydrophilic absorbent material, and at least one oxygen conductive conduit with an
35 oxygen-diffusive coating, wherein the at least one conduit is positioned to extend exposed along the open area and adjacent to the hydrophilic absorbent material, and wherein the at least one conduit has at least one portion further
40 exposed to a reservoir or source of oxygen to serve as a conduit for oxygen to the wound surface. Such a reservoir may be ambient air, compressed gas mixtures containing oxygen, oxygen generating chemical cells or highly oxygenated fluids such as perfluorocarbons. The hydrophilic
45 absorbent material may be surrounded by an envelope which at least partially encloses the hydrophilic absorbent material, and defines an open area for contacting a wound site and which may impede evaporation of fluid from said hydrophilic absorbent material. Such a wound dressing may be
50 applied to a wound site by placing the open area upon the wound site such that the at least one conduit is in contact against the wound site, and oxygen can diffuse from the at least one conduit and through the oxygen-diffusive coating to the wound site.

55 Additionally, the wound dressing may be formed through various manufacturing processes. One variation may generally comprise passing a length of multifilament fiber through a coating solution such that the fiber is coated via the solution while maintaining the openness of the internal
60 interfilament spaces, arranging lengths of the coated fiber to align in parallel, woven, knit or otherwise arranged such that a coated fiber array is formed, securing the coated fiber array via one or more space-filling adhesive stripes placed transversely relative to a length of the coated fiber, positioning
65 the coated fiber array over the open area of a hydrophilic absorbent material envelope and a hydrophilic absorbent material such that the hydrophilic absorbent material is

positioned at a distance from the open area, and securing the hydrophilic absorbent material envelope such that the coated fiber array and hydrophilic absorbent material are sealed therein. The coating material and filament material may be hydrophobic to minimize condensation of water vapor dif-

5 fusing through the coating, which could result in occlusion of the open interfilament spaces and a diminution of lateral oxygen diffusion along the length of the fiber.

The wound dressing may comprise a plurality of coated fibers, e.g., multifilament fibers or threads made from materials such as polypropylene or polyethersulfone, which may be coated with an oxygen diffusive material which may also be hydrophobic such as a thin silicone coating (e.g., low-viscosity acetoxycure silicone) or a microperforated hydrophobic coating whereby surface tension effects prevent

10 aqueous liquid from traversing the perforations over the exterior of the fibers. In coating the fiber exterior, the fibers may be optionally first wetted with a liquid such as water or ethanol or isopropanol or mixtures thereof (such as 30% to 70% isopropanol) to prevent the coating solution from wicking into and between the filaments. Once the coating has been placed over the fiber, the liquid may evaporate ensuring that the conduits between the filaments are open for oxygen passage.

The coated fibers may also range in size and construction, e.g., about 40 to 2000 micron diameter threads or more particularly about 80 to 260 micron diameter threads with anywhere from 2 to several thousand filaments or more particularly a few to several filaments per fiber (such as 6 to 8 filaments). These fibers may be aligned adjacent and parallel to one another along the wound dressing and a hydrophilic absorbent material may be positioned over at least a portion of the fibers such that the hydrophilic absorbent material is optionally positioned at a distance from the wound when in use. Because the hydrophilic absorbent material is separated from the wound by the fibers and optionally the hydrophilic absorbent material envelope the hydrophilic absorbent material does not directly contact the wound and hence will not irritate or become engrafted into the wound.

25 The hydrophilic absorbent material may comprise any number of hydrophilic absorbent materials that freely allows for the absorption of large molecules and particulates such that there are no concentration effects on particulates or macromolecular toxic factors. For particular applications, where the benefit of increased concentration of beneficial factors present in the exudate (e.g., wound healing promoters) may outweigh the deleterious impact of toxic factor concentration, it may be desirable to optionally choose a hydrophilic absorbent material (e.g., a hydrogel such as polyacrylamide or dextranomer hydrogels) which will lead to an increase in concentration of macromolecular constituents of the exudate. The hydrophilic absorbent material may also inhibit or prevent gel polarization or fouling at the surface of the hydrophilic absorbent material. The hydrophilic absorbent material may be coated or otherwise covered by a film or membrane envelope (e.g., silicone, PVC, polyester, polyamide, or any other material which exhibits a low water vapor permeability) which coats or covers the faces of the hydrophilic absorbent material contiguous with the ambient environment. The hydrophilic absorbent material envelope may be hermetically sealed to help maintain a sterile environment at the wound site. While the hydrophilic absorbent material envelope may help to prevent excessive evaporation, the hydrophilic absorbent material envelope may be optionally removed or breached to encourage evaporation or removal of accumulated wound exudate, if so

desired. One or more openings or ports in the hydrophilic absorbent material envelope may allow for the removal of accumulated exudate when the hydrophilic absorbent material becomes saturated and for the addition of fluids (optionally with drugs or other additives). The optional feature of being able to remove excess accumulated exudate through an access port permits the dressing to function indefinitely, obviating the need to periodically remove and replace the dressing when it becomes saturated with fluid, thereby saving labor and expense and limiting trauma to the wound site. Alternatively the hydrophilic absorbent material may be reversibly affixed to the dressing allowing removal and replacement when it becomes saturated with exudate.

The hydrophilic absorbent material and hydrophobic material envelope may be comprised of an absorbent wound dressing applied over an oxygen conductive assembly in contact with the wound, wherein a portion of the oxygen conductive assembly is in contact with air.

15 The hydrophilic absorbent material may be pre-moistened with saline solution or any number of agents (e.g., colloidal silver or other antimicrobial solutions, epinephrine, coagulants, anticoagulants, wound-healing promoters, inflammation inhibitors, wetting agents, etc.) either in the original package or added directly to the hydrophilic absorbent material prior to or after application of the dressing to the wound. Prior to application of the dressing to the wound, the wound site may be debrided (if necessary or desired) and an antimicrobial agent, such as colloidal silver or iodine preparations, may be applied directly to the wound. The dressing may then be placed upon the wound. The dressing may also be applied to wounds to enhance the benefits of, e.g., platelet gel, plasma concentrate, white cells, stem cells, skin grafts, growth factors, etc. which may be administered to the wound prior to application of the dressing. Preventing dehydration and maintaining high oxygen availability may be advantageous for such treatments.

25 With the hydrophilic absorbent material situated, the coated fibers (or other air conduits) may extend beyond the hydrophilic absorbent material longitudinally and/or laterally to form a border surrounding the hydrophilic absorbent material or they may be wrapped over the top of the dressing. The portion of the coated fibers extending beyond the open, wound contacting area may form an antenna for absorbing oxygen from the ambient air and may be coated or the gaps between adjacent coated fibers may be otherwise filled with an oxygen permeable material, e.g., silicone, and the underside of the border may have an adhesive formed thereupon such that when the dressing is placed over the wound, an open area exposing the coated fibers may be placed into direct contact against the wound. The adhesive border may encircle the wound such that any exudate from the wound is prevented or inhibited from wicking laterally. Instead, the exudate may wick between and through the gaps defined between the coated fibers along the open area within the coated fiber array and directly into the hydrophilic absorbent material where it may be retained by the hydrophilic absorbent material envelope.

30 With the coated fibers extending beyond the enveloped hydrophilic absorbent material, at least one of the terminal ends of the fibers may be left with open terminal ends along either or both ends of the dressing extending through the border. The open terminal ends of the fibers may provide openings for the additional entry of ambient air for passage through the length of the fibers. Thus, while the coated fibers form oxygen conduits where oxygen in the ambient air or other oxygen source may pass or conduct through the coated fibers (from the coated fiber terminal ends as well as through

diffusion through the oxygen permeable coating) and hither diffuse directly through the silicone coating and into the wound site, exudate may be prevented from entering into and fouling the coated fibers by their coating as the exudate passes into the hydrophilic absorbent material. In alternative variations, the conduits may be formed as hollow conduits or passages for allowing the passage of air or other oxygen source through with no multifilament fibers or threads. Such hollow conduits or passages may be used within any of the embodiments described herein.

Gaps between the coated fibers may allow conduction of wound exudate away from the wound surface into the hydrophilic absorbent material. The coated fibers may be bonded to one another by space-filling or adhering (e.g., silicone) stripes which are formed transversely to the coated fibers and which also provide for a smooth wound contacting surface and also prevent fluid accumulation between the coated fibers adjacent to the wound within the stripe coated areas. These transversely coated areas may be sufficiently wide while still allowing for sufficient removal of exudate through the intervening spaces to prevent any excessive exudate pooling as the width and spacing of these transversely stripes may affect how far the exudate travels to find a path from the wound surface and to the hydrophilic absorbent material.

While the coated fibers may directly contact the underlying wound, an optional membrane, e.g., track-etched polycarbonate or microperforated polymer film, may be interposed over the open area for contacting the wound. In the event that a membrane is used, such a membrane may be relatively thin and may further prevent adherence to the wound. Optional hydrophilic channels may extend from the membrane and through the coated fibers to the overlying hydrophilic absorbent material to allow for the conduction of exudate or infusion of various agents or drugs. The membrane may resist adhering to or integrating with the wound.

Optionally, an array of vertically oriented conduits (e.g., hollow air-filled tubes or channels, sealed at their termini to exclude exudate or fluid from the ambient environment from entering and flooding) may extend through the hydrophilic absorbent material to bring oxygen from above to the underlying wound-contacting membrane surface. The inner walls of said tubes or conduits may be hydrophobic to prevent water vapor condensation. To maximize uniformity of oxygen supply to the tissue, the conduits may be small and closely spaced. The hydrophilic absorbent material and dressing may be varied in size depending upon the size of the wound to be treated. Alternatively, the dressing may be formed into any number of standard uniform sizes.

One or more hydrophilic fibers or wicking material may be interspersed between the coated fibers within the open area of the coated fiber array to conduct exudate away from the wound. The number or amount and positioning of the hydrophilic fibers or material may be varied in various patterns, e.g., oxygen-conducting coated fibers may be interspersed between every two wicking fibers or so on, or they may be omitted completely. Moreover, the diameter of the wicking fibers, e.g., 700 microns, may be similar or identical to the diameter of the coated fibers although the diameters may also be varied depending upon the desired wicking properties. The outer surfaces of the coated fibers may be rendered hydrophobic, e.g., by surface modification chemistry, to promote conduction of exudate from the wound site to the hydrophilic absorbent material.

Another alternative may use individual fibers positioned in a transverse orientation relative to one another. A first set

of fibers oriented parallel to one another may be laid atop a second set of fibers which are also parallel to one another such that the first and second set are transverse to one another. Alternatively, the crossing fibers may be interwoven with respect to one another and in other alternatives the crossing fibers may be orientated at some other angle rather than being orthogonal, e.g., 45 degrees relative to one another. The combined thickness of the crossing fibers may still be less than 1 mm.

Yet another variation may utilize a silicone contact film having one or more ridges or notches formed over its surface on the opposite side of the wound contact surface and including an upper film adhered and sealed to the ridges, forming an array of open conduits within a sealed envelope. These ridges or notches may be formed as ridges, undulations, tapered protrusions, or any other projections which extend between the two films to form lateral conduits for oxygen diffusion to the wound contact surface. One or more through-holes may be defined to extend in a direction normal to the surface for allowing any exudate to flow from the wound and to the hydrophilic absorbent material positioned above the contact film. A second film may be laid atop the contact film where the second film may define one or more through-holes that correspond to first film through-holes. With the second film positioned atop contact film, the open channels formed by the ridges or notches between the upper and lower films may function as the oxygen conduits where the oxygen may then diffuse through the contact film and into the underlying wound. Through-channels for wound exudate may be formed in the ridges between the conduits.

Yet another variation may have a contact film with one or more columnar through-holes which extend from the surface of the contact film. A second film having one or more through-holes corresponding to respective through-holes may be placed atop and sealed to the contact film with the respective holes aligned. The channels formed by the columns of through-holes allow for wicking of wound exudate to the hydrophilic absorbent material, while the spaces between the films may accordingly allow for the passage of oxygen therethrough for diffusion through the contact film and into the underlying wound.

Yet another variation would be the substitution of extruded small silicone tubes or multifilament silicone extrusions for the coated multifilament fibers.

Another variation may include the substitution of a planar array of hydrophobic multifilament fibers embedded in and completely encapsulated by a thin slab of e.g., silicone, for the coated multifilament fibers where channels for exudate flow from the wound to the hydrophilic absorbent material may have interruptions in the encapsulating silicone slab. For example, several multifilament hydrophobic fibers may be embedded in each of a number of narrow thin slabs arranged in parallel, the gaps between the narrow thin slabs serving as such channels.

Any of the wound dressing variations may optionally utilize mechanisms for increasing the oxygen availability to the wound while still allowing for exudate to pass into the hydrophilic absorbent material. For example, a flattened silicone bag or a plurality of defined conduits may be formed through the dressing to circulate an oxygen enriched gas mixture, or an oxygen-carrying fluid such as oxygenated water or oxygenated perfluorocarbon solutions through the dressing to increase the oxygenation to the wound and to also prevent the formation of an oxygen gradient. A pump may be optionally integrated either with the dressing or it may be fluidly coupled to the dressing and worn or carried

separately by the patient. In yet another variation, introduction or flow of a fluid or gas (such as air) through the one or more ports or septa may be introduced not only for the infusion of an inflation fluid for inflating balloons, but also for the expansion of one or more encapsulated pads as well which may be used, e.g., for providing a compressive force.

Another variation may have a wound dressing with an oxygen reservoir integrated with the dressing. A pump may be optionally coupled fluidly to the reservoir and the reservoir may also be accessible for re-filling or for filling with other agents or fluids, as described herein, or it may alternatively be removed entirely from the dressing and replaced with a substitute reservoir.

Another variation may comprise an oxygen conductive assembly such as an array of coated fibers with gaps or through-holes between to permit fluid to pass through from the wound and a removable, replaceable hydrophilic absorbent material partially enveloped in a hydrophilic absorbent material envelope affixed reversibly thereto, permitting replacement of the hydrophilic absorbent material when, it becomes saturated with exudate without the need to detach the oxygen conductive assembly from the patient.

In manufacturing a wound dressing with the features described, various methods may be used for forming the dressing. One variation would be the substitution of extruded small silicone tubes or multilumen silicone extrusions for the coated multifilament fibers. Another variation may involve several rods each having, e.g., a rectangular cross-section, aligned adjacent to one another along a planar surface. With the rods aligned, spacing rails may be secured along one or both ends of the rods to at least temporarily secure the position of the rods relative to one another. A silicone resin film may be swept out upon the rods and the spacing rails may be removed and the rods may be separated individually before the resin film cures and then be positioned upon a cylindrical spool. Because of the rectangular cross-sectional shape of the rods, parallel gaps may be formed between each adjacent rod.

One or more lengths of fibers may be dragged or passed through an oxygen permeable hydrophobic solution, e.g., silicone resin, and then wound onto the spool by rotating the spool such that the coated fibers are wound adjacent along the length of the spool. Once the resin has cured, one or more longitudinal cuts may be made through the spooled coated fibers and the completed coated fiber array may be removed from the spool.

Yet another variation may have a common length of coated fiber wound in an alternating manner with a common length of coated fiber upon a supporting frame. The width of the frame may correspond to the desired width or length of the coated fiber array which contacts the wound region. With the coated fibers wound parallel to one another and secured, one or more adhesive stripes may be laid transversely across the width of the coated fiber array such that formed gaps are defined between the respective stripes. Once the adhesive stripes have cured, the secured coated fiber array may be removed from the supporting frame. The coated fiber array may then have a film applied to the coated fiber array such that an open area formed in the film is positioned over the coated fiber array. The hydrophilic absorbent material may then be laid atop the open area of the film, in contact with the coated fiber array and the film and optionally secured with an adhesive.

With the coated fiber array and hydrophilic absorbent material so arranged, the film may be wrapped to cover and completely envelope the assembly while leaving the coated fiber array exposed within the open area for contacting the

wound. The terminal ends of the coated fibers may make contact with an oxygen source, such as ambient air for passive diffusion into an antenna area or other oxygen source as described above. To complete the wound dressing, a border of adhesive may be framed around the coated fiber array and hydrophilic absorbent material so as to leave the open area exposed for contact against the wound. The coated fiber array and hydrophilic absorbent material assembly may be adhered or otherwise secured to the adhesive border, which may be trimmed to form the border. The border may thus allow for the dressing to be secured over a wound such that the exposed coated fibers along the open area directly contact the wound while border prohibits or inhibits any exudate from wicking laterally along the dressing and maintaining a hermetic seal.

However, in other alternative variations, the dressing assembly may be configured to facilitate the lateral flow of exudate towards the sides of the dressing. Generally, the wound dressing may comprise an oxygen diffusive substrate defining a contact surface and a hydrophilic absorbent material in fluid communication with at least one portion of a periphery of the oxygen-diffusive substrate, wherein at least one portion of the substrate is configured to protrude from the dressing for pressing the contact surface against a wound surface. In use, the wound dressing may press at least a portion of the substrate against the wound such that exudate from the wound is urged to flow laterally along the substrate and into the absorbent material and diffuse oxygen through the oxygen-diffusive substrate and into the wound.

In one variation, an oxygen diffusive substrate may be optionally formed to have one or more channels or grooves which face towards the underlying wound. An optional compressible pad may be layered atop the substrate such that a protrusion defined along the pad is positioned to face towards and into contact against the substrate. An absorbent material may be placed into contact around the substrate as well as the pad such that the absorbent material is in fluid communication with the channels or grooves of the substrate.

With the substrate and pad layered and with the absorbent material placed around at least the substrate, the assembly may present a low-profile dressing having a protruding portion of the substrate extending in conformance with the protrusion defined along the pad. The entire dressing assembly may be optionally encased or sealed by a fluid-permeable coating or covering while the absorbent material may be at least partially encased or sealed by a fluid-tight coating or covering which may prevent any exudate from leaking or seeping out of the material or impede evaporation of water from accumulated exudate. The absorbent material may remain in fluid communication along its contact surfaces with the substrate. Additionally, the absorbent material may also be sealed to the enveloped pad to prevent any exudate from wicking between the pad and the absorbent material.

The contact surface of the substrate may protrude from the dressing for contact against the wound. Hence, when the dressing is placed against the wound, the contact surface may apply a gentle pressure or force against the wound to urge exudate from the wound to flow laterally, e.g., through the channels or grooves of substrate if defined, and towards the absorbent material which may absorb and retain the exudate within. While the dressing assembly may have a central portion of the substrate bowed outward from the dressing, the pad as well as the substrate may be configured in alternative variations to curve or extend along other portions. For instance, a portion of the pad and the substrate

may be shaped to urge exudate in the contacted wound to flow along a single direction towards the absorbent material.

The dressing assembly may be shaped into any number of configurations which may be uniform or customized for a particular wound or patient anatomy. For instance, the dressing assembly may be shaped into a circular configuration. Additionally and/or alternatively, the absorbent material may be omitted entirely and instead replaced by a bag or expandable reservoir chamber which may be shaped in a corresponding manner, e.g., toroidal or washer-shaped.

In yet other variations, one or more ports or septum regions may be optionally incorporated into the dressing assembly for allowing gases or other agents to be introduced into the dressing or for allowing exudate to be removed. Additionally and/or alternatively, a regulated source such as a pump may be fluidly coupled through one or more of the ports. Moreover, adhesives may also be incorporated along the dressing assembly for facilitate attachment of the dressing to the skin surface surrounding a wound to be treated.

In additional variations, fluid permeable skirts may also be incorporated around a periphery of the dressing as well as compressible pads which may have portions removed. These variations as well as any of the other features may be optionally incorporated in various combinations between different dressing variations.

BRIEF DESCRIPTION OF THE DRAWINGS

FIGS. 1A to 1C illustrate perspective, side, and bottom views, respectively, of one variation of a wound dressing which comprises a plurality of oxygen conducting fibers or conduits and a hydrophilic absorbent material in communication with an underlying wound.

FIG. 1D illustrates a bottom view of another variation of a wound dressing which incorporates an optional membrane for contact against the wound.

FIG. 1E illustrates a detail partial cross-sectional side view a variation of a contacting membrane having a plurality of exudate channels interspersed between the oxygen conductive conduits.

FIGS. 2A and 2B illustrate top and bottom views of another variation of a wound dressing having a circular configuration.

FIG. 3A illustrates a detail bottom view of the oxygen conduits and fibers aligned adjacent to one another.

FIG. 3B illustrates a detail bottom view of another variation of coated oxygen conductive fibers aligned with hydrophilic fibers.

FIG. 3C illustrates a detail bottom view of yet another variation of coated fibers which are transversely aligned relative to one another.

FIGS. 4A and 4B illustrate bottom and top views of another variation where the fiber array may be secured by adhesive stripes transversely aligned relative to the fibers.

FIGS. 5A and 5B illustrate perspective and partial cross-sectional side views of another variation of a wound dressing having orthogonal channels.

FIG. 6 illustrates a cross-sectional perspective view of yet another variation of a wound dressing having a port.

FIGS. 7A and 7B illustrate perspective views of yet another variation of a wound dressing assembly having ridges or undulations which define the oxygen conduits.

FIG. 7C illustrates a perspective assembly view of another variation where protruding orthogonal channels define the oxygen conduction passages.

FIG. 8 illustrates a perspective view of a composite fiber array which may be used alone or in combination with other dressings.

FIG. 9 illustrates a perspective view of yet another variation of a wound dressing incorporating a pumping mechanism.

FIG. 10 illustrates a perspective view of yet another variation of a wound dressing incorporating a reservoir.

FIGS. 11A to 11F illustrate one variation for manufacturing a wound dressing fiber assembly.

FIGS. 12A to 12P illustrate another variation for manufacturing a wound dressing.

FIG. 13A illustrates an example of an array having members of alternating length for forming oxygen conduits.

FIGS. 13B and 13C illustrate top views of oxygen conduits which may be formed utilizing the array of FIG. 13A.

FIGS. 14A to 14C illustrate another variation for manufacturing a composite fiber array in combination with a fluid absorbent material.

FIGS. 14D and 14E illustrate alternative variations for utilizing a composite fiber array with various dressings.

FIGS. 15A and 15B illustrate alternative variations of a simplified wound dressing.

FIG. 16 illustrates a perspective view of a substrate variation having one or more channels or grooves defined along a wound contact surface.

FIG. 17 illustrates a perspective view of an absorbent material shaped to define an opening for receiving a substrate within.

FIG. 18 illustrates a perspective view of a compressible material or pad which may be optionally layered atop the substrate.

FIGS. 19A and 19B illustrate an exploded assembly view and assembly side view of a wound dressing assembly having a protrusion positioned to face towards and into contact against the wound.

FIGS. 20A and 20B illustrate side and perspective views of another variation where the dressing assembly may be shaped into a circular configuration.

FIG. 21A illustrates a perspective view of another variation which may incorporate one or more access ports.

FIG. 21B illustrates a perspective view of yet another variation which may incorporate a pump in fluid communication with the dressing assembly.

FIG. 22 illustrates a perspective view of yet another variation which may incorporate an adhesive around a periphery of the dressing.

FIG. 23 illustrates a side view of yet another variation of a dressing assembly incorporating a permeable membrane spanning an annular gap around the assembly.

FIG. 24 illustrates a side view of yet another variation of a dressing assembly which may have a portion of the compressible pad removed to form an opening which encircles the underlying wound.

FIGS. 25A to 25C illustrate side and perspective views of yet another variation of a dressing assembly having a border which extends circumferentially.

FIGS. 26A and 26B illustrate top and side views of another dressing assembly variation having a substrate and optional compressible pad contained within a coating or covering.

FIGS. 27A to 27D illustrate side, bottom, and perspective views of the dressing assembly having a replaceable absorbent material positionable upon a supporting portion of the dressing assembly.

11

FIG. 28 illustrates an example of how the dressing assembly and absorbent material may be placed upon an underlying wound.

DETAILED DESCRIPTION OF THE
INVENTION

In covering wounds to facilitate healing, wound dressings are provided which maintain a high availability of oxygen, provide for removal of exudate, prevent toxin accumulation, minimize evaporation, and maintain a moist environment. Furthermore, all wound dressings should prevent contamination, inhibit infection and prevent re-injury of the healing wound. Such a wound dressing may also optionally allow for the administration of various agents or medicines directly to the wound site. Healing may thus be enhanced by providing conditions at the wound site with dressings which are conducive to cell survival and growth in the underlying tissue while preventing cells from dying. Because the wound dressing is sealed to prevent dehydration of the wound, the dressing may be entirely waterproof while preventing adhesion to the wound allowing for normal lifestyle activities accelerating healing time.

One variation for a wound dressing which provides for oxygenation of the underlying wound may utilize a hydrophobic fiber mat or other hydrophobic structure interposed between an optional wound-contacting membrane and a sponge or other absorbent material to provide gas-filled conduits for oxygen conduction. The wound dressing may be flexible to enable conformance against the wound anatomy. In the body, cells are typically no more than about 200 microns from the capillaries supplying oxygen and the air conducting conduits in the wound dressing may similarly present an equivalent of an oxygen diffusion barrier of a 200 micron water barrier or less between the wound and the air conducting conduit.

Wound Dressings

FIG. 1A shows a perspective view of such a variation in wound dressing 10 which generally comprises a plurality of fibers 12, e.g., multifilament fibers or threads made from materials such as polypropylene or polyethersulfone, which may be coated with an oxygen diffusive hydrophobic material such as a thin silicone coating over the exterior of the fibers 12 such as a low-viscosity acetoxycure silicone. In coating the fiber exterior, the fibers may be optionally first permeated with a fluid such as water, ethanol, isopropanol or mixtures thereof (such as 30% to 70% isopropanol) to prevent the hydrophobic solution from wicking into and between the filaments. Once the coating has been placed over the fiber, the fluid may evaporate ensuring that the spaces between the filaments are open for oxygen passage. Alternatively, the fibers 12 may be permeated with fluid and then embedded in silicone. Before the silicone resin cures, the fibers 12 and silicone resin may be embedded between thin cured films or pre-formed and uncured films. In yet another alternative, the external surfaces of the coated fibers 12 may be treated to improve wettability.

In yet other variations, the hydrophobic coated fibers 12 may be micro-perforated to facilitate the oxygen diffusion through the coating but which may also exclude any aqueous fluid permeation via surface tension effects. In some other variations, various surface treatments, e.g., plasma treatment, chemical modification, etc., may be applied to the coating over the fibers to make the external surfaces of the oxygen conduits hydrophilic to facilitate exudate removal from the underlying wound.

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The fibers 12 may also range in size and construction, e.g., about 40 to 2000 micron diameter threads or more particularly about 80 to 260 micron diameter threads with anywhere from 2 to several thousand filaments or more particularly 6 to 8 filaments per fiber. These fibers may be entwined, twisted, woven, or lie parallel. These coated fibers 12 may be aligned adjacent and parallel to one another along the wound surface 10 and a hydrophilic absorbent material 16 may be positioned over at least a portion of the coated fibers 12 such that the hydrophilic absorbent material 16 is optionally positioned at a distance from the wound surface when in use. Because the hydrophilic absorbent material 16 is separated from the wound by the coated fibers 12 the hydrophilic absorbent material 16 does not directly contact the wound and hence will not irritate or become engrafted into the wound.

The hydrophilic absorbent material 16 may comprise any number of hydrophilic absorbent materials that freely allow for the absorption of large molecules and particulates. The hydrophilic absorbent material may also inhibit or prevent gel polarization or fouling within the hydrophilic absorbent material. For example, in one variation, the hydrophilic absorbent material 16 may be comprised of an open-cell foam, hygroscopic sheets, films, or beads which attract and hold water may also be used as hydrophilic absorbent materials. Examples of hygroscopic materials which may be used may include, for instance, dextranomer, polyacrylamide, etc. Use of such hygroscopic materials may prevent any exudate from being inadvertently squeezed back into the wound site by external massaging and they may also provide a force for pulling or drawing exudate from the wound.

The hydrophilic absorbent material 16 may be coated or otherwise covered by a hydrophilic absorbent material envelope 18 (e.g., silicone, PVC, polyester, polyamide, or any other material which exhibits a low water vapor permeability) and which coats or covers the hydrophilic absorbent material 16 above the coated fibers 12, as shown in the side view of FIG. 1B. The hydrophilic absorbent material envelope 18 may be hermetically sealed to help maintain a sterile environment at the wound site. Any fluids or exudate from the wound may wick between the gaps formed by the adjacent coated fibers 12 and into the hydrophilic absorbent material 16 while the hydrophilic absorbent material envelope 18 may prevent or inhibit evaporation from the hydrophilic absorbent material 16 so that solutes in the exudate do not become concentrated through evaporation of water from the exudate in the hydrophilic absorbent material 16.

While the hydrophilic absorbent material envelope 18 may help to prevent excessive evaporation, the hydrophilic absorbent material envelope 18 may be optionally removed or breached to encourage evaporation, if so desired. One or more openings or ports in the hydrophilic absorbent material envelope 18 may allow the addition of fluids or liquids (optionally with drugs or other agents) or removal of accumulated wound exudate.

The hydrophilic absorbent material 16, if wet, may lessen wound dehydration and allow drug administration while the conduits may continue to provide rapid oxygen diffusion to the wound. Alternatively, the hydrophilic absorbent material 16 may be pre-moistened with any number of agents (e.g., colloidal silver or other antimicrobial solutions, coagulants, anticoagulants, epinephrine, wound-healing promoters, inflammation inhibitors, wetting agents, etc.) either in the original package or added directly to the hydrophilic absorbent material 16 prior to or after application of the dressing to the wound. Prior to application of the dressing 10 to the wound, the wound site may be debrided (if necessary or

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desired) and an antimicrobial agent such as, e.g., colloidal silver, of a cell containing preparation e.g. platelet rich plasma, stem cells, or skin grafts may be applied directly to the wound. The dressing **10** may then be placed upon the wound. The dressing **10** may also be applied to wounds to enhance the benefits of, e.g., platelet gel, plasma concentrate, white cells, stem cells, skin grafts, etc.

With the hydrophilic absorbent material **16** situated, the coated fibers **12** may extend beyond the hydrophilic absorbent material **16** longitudinally and/or laterally to form a border **20** surrounding the hydrophilic absorbent material **16**, as shown. The portion of the coated fibers **12** forming the border **20** may be coated or the gaps between adjacent coated fibers **12** may be otherwise filled with oxygen permeable materials, e.g., silicone, and the underside of the border **20** may have an adhesive **24** formed thereupon such that when the dressing **10** is placed over the wound, an open area **22** exposing the coated fibers **12**, as shown in the perspective view of FIG. 1C, may be placed into direct contact against the wound. With the coated fibers **12** placed against the wound, the barrier between the wound and the coated fibers **12** may range anywhere from, e.g., 50 to 300 micron or less, to facilitate the diffusion of oxygen from the coated fibers **12** to the underlying wound. The adhesive **24** along border **20** may encircle the wound such that any exudate from the wound is prevented or inhibited from wicking laterally by the border **20**. Instead, the exudate may wick between and through the gaps defined between the coated fibers **12** along the open area **22** and directly into the hydrophilic absorbent material **16** where it may be retained by the hydrophilic absorbent material envelope **18**. In other variations, rather than using an adhesive **24** along border **20** (or in addition to), the dressing **10** may be secured to the wound with a separate bandage, e.g., an elastic bandage such as an ACE bandage, which may be wrapped about the patient rather than adhered directly to the surrounding skin.

With the coated fibers **12** extending through the dressing **10**, at least one of the terminal ends of the coated fibers **12** may be left with open terminal ends **26** along either or both ends of the dressing **10** extending through the border **20**. The open terminal ends **26** of the coated fibers **12** may provide openings for the additional entry of ambient air or other oxygen source for passage through the length of the coated fibers **12**. Thus, while the coated fibers **12** form oxygen conduits **14** where oxygen in the ambient air or other oxygen source may pass or conduct through the coated fibers **12** (from the fiber terminal ends **26** as well as through diffusion through the coating) and further diffuse directly through the coating and into the wound site, exudate may be prevented from entering into and fouling the coated fibers **12** by their coating as the exudate passes into the hydrophilic absorbent material **16**. The external surfaces of the coating may be rendered hydrophilic to facilitate wicking of exudate from the wound site to the hydrophilic absorbent material.

In alternative variations, rather than having the coated fibers **12** forming the airway passages, oxygen conduits or channels **14** may be formed as hollow channels or passages with no multifilament fibers or threads for allowing the passage of the air or other fluids through. Such hollow oxygen conduits or channels **14** may be used within any of the embodiments described herein in place of the coated fibers **12**.

The coated fibers **12** (particularly along the open area **22** where the fibers **12** are coated but not supported by additional silicone filler) may be bonded to one another by silicone stripes which are formed transversely to the coated fibers **12** and which also provide for a smooth wound

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contacting surface and also prevent fluid accumulation between the coated fibers, as described below in further detail. These transversely coated areas may be sufficiently wide while still allowing for sufficient removal of exudate through the intervening spaces to prevent any excessive exudate pooling as the width and spacing of these transversely stripes may affect how far the exudate travels to find a path from the wound surface and to the hydrophilic absorbent material **16**.

While the coated fibers **12** may directly contact the underlying wound, an optional membrane **27** (e.g., perforated silicone) may be interposed over the open area **22** for contacting the wound **W** instead, as shown in the perspective view of FIG. 1D. In the event that a membrane **27** is used, such a membrane may be relatively thin and may further prevent adhesion to the wound. Other examples of membranes **27** may include thin, highly perforated non-stick materials utilized as the wound contacting surface, such as the Telfa® “Ouchless” non-adherent dressing (Kendall Co., Boston, Mass.). Optional hydrophilic channels **28** may extend from the membrane and through the coated fibers **12** to the overlying hydrophilic absorbent material **16** to allow for the conduction of exudate or infusion of various agents or drugs (e.g., epinephrine, antibiotics, wound healing promoters, coagulants, anticoagulants, anti-inflammatories, analgesics, etc.). The membrane **27** may resist adhering to or integrating with the wound.

In some instances, proteins and other factors in the wound exudate may prove beneficial to wound healing, and therefore removal of bulk wound exudate may be disadvantageous or contraindicated. Rather, the suspending fluid of the wound exudate may be removed while leaving the protein and other macromolecular solutes in situ. The underlying membrane **27** which contacts the wound may be alternatively comprised of an ultrafiltration membrane that prevents macromolecular or cellular constituents of the exudate from escaping the wound site. The membrane **27** may have a structure that allows lateral diffusion so that fluid is readily conducted between the entire wound surface and the hydrophilic channels.

Osmotic pressure developed across the membrane **27** by solutes to which the membrane **27** is impermeable may tend to drive water across the membrane **27**. By adjusting the concentration of solutes to which the membrane **27** is impermeable on the side of the membrane facing the hydrophilic absorbent material **16**, the flux can be directed in either direction. For example, a high concentration of albumin in the hydrophilic absorbent material **16** would drive water away from the wound while pure saline would drive water toward the wound. If a reverse osmosis (RO) membrane were used, adjusting salt concentration in the hydrophilic absorbent material **16** would have a similar effect. Other forces which can be used to drive the direction of fluid flow include capillary force and hygroscopic polymer swelling. Removal of water from the wound may offer the additional advantage of concentrating healing and growth-promoting factors at the wound site.

Optionally, an array of vertically oriented conduits (e.g., open, hollow air-filled tubes such as conduits **28**) may extend through hydrophilic absorbent material **16** to bring oxygen from above to the underlying wound-contacting membrane **27** surface, as shown in the detail cross-sectional side view of FIG. 1E. To maximize uniformity of oxygen supply to the tissue, the conduits may be small and closely spaced. The conduit termini may be sealed to liquids by a thin oxygen permeable film to prevent flooding of the

conduit by exudate, water or other liquids (e.g. medicants) from the external environment.

The hydrophilic absorbent material **16** and dressing **10** may be varied in size depending upon the size of the wound to be treated. Alternatively, the dressing **10** may be formed into any number of standard uniform sizes. Moreover, while the variation shown in FIG. 1A illustrates a rectangular-shaped dressing **10**, the dressing may be formed into alternative configurations as well, e.g., circular, square, etc. In the instance where the oxygen conducting conduits are oriented vertically the dressing can be cut to conform to the wound anatomy.

Another variation of wound dressing **30** is illustrated in the respective top and bottom views of FIGS. 2A and 2B which show a circularly-shaped dressing **30**. In this variation, the dressing diameter may be, e.g., 3 inches, while the hydrophilic absorbent material **36** may have a diameter of, e.g., 2 inches. The hydrophilic absorbent material **36** may be covered or encased by hydrophilic absorbent material envelope **38** which may also form a border **40** around the hydrophilic absorbent material for contact against the patient's skin. As above, border **40** may be secured to the skin surface surrounding the wound via adhesive **44** and prevent any exudate from wicking laterally of the open area **42** (e.g., having a size of 1.5 in by 1.25 in.) which exposes the coated fibers **32** for contact against the wound. The open terminal ends **46** of the coated fibers **32** may allow for the surrounding air or other oxygen source to enter into and through the coated fibers **32** such that the coated fibers function as oxygen conduits **34** to provide oxygen from the air or other oxygen source directly into proximity to the wound. As described above, the oxygen may diffuse directly from passages in the coated fibers **32** and pass through the surrounding film and into the wound. Alternatively, as previously described, the oxygen conduits or channels **34** may remain hollow rather than having a fiber within.

The open area **42** may have, about 50 coated fibers **32**, aligned parallel to one another and the adjacent fibers may have thread diameters of about 700 microns which are bonded to one another with, e.g., two or more spaced strips of silicone having a width of about 3.175 mm and aligned transversely relative to the lengths of the coated fibers **32**. The number of fibers **32** may, of course, be varied depending upon the diameter of the fibers used as well as the dimensions of the open area **42** and size or configuration of the dressing. Moreover, the hydrophilic absorbent material **36** may have a thickness of about, e.g., 2 mm to 2 cm, with an exudate absorbing capacity of about, e.g., 1.5 cc to 15 cc.

As discussed, although specific dimensions are presented they are intended to be illustrative and the size and configuration of the wound dressings may be varied depending upon the wound to be treated. Moreover, the dimensions such as thread diameters, thicknesses of coating and films or the number of fibers used may be used in any of the different variations or embodiments described herein.

FIG. 3A shows a detail bottom view of a dressing illustrating an example of threads or multifilament threads which may be covered or coated to form individual coated fibers **12** which may then be aligned parallel to one another to form the oxygen passageways. Alternatively, oxygen conduits or channels **14** may be formed as hollow passageways, as previously described. The gaps between the individual adjacent coated fibers **12** may be left open to allow for any exudate to wick through to the hydrophilic absorbent material. Alternatively, the gaps may have an interrupted, discontinuous filler **50** material interspersed or formed such that the gaps between the fibers are mostly filled leaving

gaps for transit of wound exudate from below and optionally medicants from above. Such fillers **50** may include any of the materials described herein, silicone, and may be used to contact against the wound along with the fibers. In yet another alternative, FIG. 3B shows another detail bottom view where one or more hydrophilic fibers **52** or wicking fiber (e.g., absorbent fibers such as cotton) may be interspersed between the coated fibers **12** to conduct exudate away from the wound or medicants to the wound surface. Although the variation shows hydrophilic fibers **52** alternated with the coated hydrophobic fibers **12**, the number and positioning of the hydrophilic fibers **52** may, be varied in various other patterns, e.g., hydrophobic fibers **52** may be interspersed between every two fibers **12** or so on, or they may be omitted completely as well. Moreover, the diameter of the coated fibers **12**, e.g., 700 microns, may be similar or identical to the diameter of the hydrophobic fibers **52** although the diameters may also be varied depending upon the desired wicking properties.

Another alternative is shown, in the detail bottom view of FIG. 3C. In this variation, the individual fibers **12** may be positioned in a transverse orientation relative to one another. A first set of fibers **12** oriented parallel to one another may be laid atop a second set of fibers **12** which are also parallel to one another such that the first and second set are transverse to one another. Alternatively, the crossing fibers **12** may be interwoven with respect to one another and in other alternatives the crossing fibers may be orientated at some other angle rather than being orthogonal, e.g., 45 degrees relative to one another. The combined thickness of the crossing fibers may still be less than 1 mm. The coated fibers and hydrophilic fibers may be arranged relative to one another in any fashion, including woven, intertwined or knit.

As described above, the coated fibers **12** may be secured to one another via one or more adhesive stripes **60** (e.g., silicone) which are placed across the width of the dressing so as to align perpendicularly relative to the direction of the coated fibers **12**. These stripes may take any orientation, including an interrupted flat film that allows passage of fluid from the wound surface to the hydrophilic absorbing material. A detail example is illustrated in the bottom view of FIG. 4A, which shows a plurality of coated fibers **12** which are aligned adjacent to one another and several adhesive stripes **60** placed over and between the fibers. The open gaps **62** left between adhesive stripes **60** may allow for the exudate to pass through and wick into the hydrophilic absorbent material **16**, which is positioned atop and in contact with the fibers **12**, as shown in the top view of FIG. 4B.

In yet another variation, FIG. 5A illustrates a perspective view of a wound dressing **70** which shows an embodiment having a hydrophilic absorbent material **72** positioned and encased between a contacting bottom layer **74** and a sealing top layer **76** where each of the layers **74**, **76** may have a thickness, e.g., of less than 2 mm. An additional layer of silicone film (e.g., 50-100 micron) may be applied over one or both layers **74**, **76** to modify the surface and further inhibit any leakage through the layers **74**, **76**. A bondable skirt **78** may be formed to surround the periphery of the dressing **70**. While the wound-contacting bottom layer **74** and sealing top layer **76** may be formed of any of the materials described herein, it may be comprised of a material such as medical grade platinum cure silicone. The layers **74**, **76** may be formed with the bondable skirt **78** to provide an area for bonding and sealing the layers to one another around the hydrophilic absorbent material **72**.

The dressing **70** may also be formed with one or more bondable wings **80** formed into the dressing, as shown in the partial cross-sectional end view of FIG. **5B**. The bondable wings **80** may be incorporated during the molding process for forming the layers **74**, **76** and may be comprised of a material such as felt or fabric which may be mechanically trapped in the silicone to leave the exposed surfaces silicone-free for bonding. The portion of the dressing **70** which contacts the wound may be defined along a wound-contact area **82** which may define one or more through-holes **86**, e.g., conical through-holes, which extend from the wound to wick any exudate through the holes **86** and into the hydrophilic absorbent material **72**. Also shown are the oxygen conduit **84** which may be formed into the contacting bottom layer **74** for direct contact with the wound surface for facilitating the delivery of oxygen to the wound.

In yet another variation, FIG. **6** illustrates a perspective view of another wound dressing **90** which is sectioned for illustrative purposes. In this variation, the layers may surround the hydrophilic absorbent material **72** but the dressing **90** may optionally incorporate a port **92** for exudate evacuation or agent introduction, e.g., along sealing top layer **76**. Because hydrophilic absorbent material **72** is sealed for preventing dehydration of the wound, port **92** may provide an opening which can be opened or closed to provide access to the interior of hydrophilic absorbent material **72** and dressing **90**. For instance, port **92** may be configured as a Luer attachment for facilitating the suction or removal of any excess exudate from the hydrophilic absorbent material **72**. Port **92** may also provide an opening through which any number of medicaments or agents may be introduced into the interior of dressing **90** and hydrophilic absorbent material **72** to provide for the infusion of any additional treatments to the wound. Such a port **92** feature may be incorporated into any of the embodiments described herein as practicable.

Additionally and/or alternatively, the hydrophilic absorbent material **72** may be removed from the wound dressing and optionally replaced with a new absorbent material if excess exudate is absorbed into the material **72**. The remainder of the wound dressing **90** may be left upon the wound site while the hydrophilic absorbent material is replaced or removed. Alternatively, the wound dressing **90** may be removed from the wound site for replacement of the absorbent material and then replaced upon the wound site. In this variation and others disclosed herein, the absorbent material may be optionally removed and/or replaced in such a manner as described.

Yet another variation is shown in the perspective view of FIG. **7A** which illustrates a silicone contact film **100** having one or more ridges or notches **102** formed over its surface on the opposite side of the wound contact surface **106**. These ridges or notches **102** may be formed as ridges, undulations, tapered protrusions, or any other projections which extend from the surface to form lateral conduits for oxygen diffusion through the wound contact surface **106**. One or more through-holes **104** may be defined to extend in a direction normal to the surface **106** for allowing any exudate to flow from the wound and to the sponge positioned above the contact film **100**.

FIG. **7B** illustrates a perspective view of a second film **108** which may be laid atop contact film **100** where the second film **108** may define one or more through-holes **110** which correspond to through-holes **104**. With the second film **108** positioned atop contact film **106**, the open channels formed by the ridges or notches **102** between the upper and

lower films may function as the oxygen conduits where the oxygen may then diffuse through the contact film **100** and into the underlying wound.

FIG. **7C** shows a perspective assembly view of yet another variation where contact film **112** may incorporate one or more columnar through-holes **114** which extend from the surface of the contact film **112**. A second film **118** having one or more through-holes **120** corresponding to through-holes **114** may be placed atop and sealed to the contact film **112** with the respective holes aligned. The resulting channels **116** formed by the columns of through-holes **114** and between the films **112**, **118** may accordingly allow for the passage of oxygen therethrough for diffusion through the contact film **112** and into the underlying tissue. The aligned through-holes **114**, **120** may also allow for the passage of the exudate from the wound to the sponge which may be positioned atop the second film **118**. The through-holes **114**, **120** may also allow for the infusion of various medicaments or agents into the wound.

FIG. **8** shows a perspective view of yet another variation where a fiber array assembly may be formed by one or more fiber array sub-assemblies **121A**, **121B**, **121C**, **121D**. The sub-assemblies may be formed by utilizing any of the methods described herein for creating the oxygen conduits or channels where several conduits may be formed into an individual ribbon. Each of the ribbons forming the sub-assemblies **121A**, **121B**, **121C**, **121D** may then be aligned adjacent and adhered or other attached relative to one another. The variation shown illustrates four fiber array sub-assemblies although fewer than four or more than four sub-assembly ribbons may be formed and attached to one another. Moreover, the lengths and widths of each of the sub-assemblies may be adjusted according the size of the wound to be treated or they may be standardized in any number of suitable dimensions.

With the individual sub-assemblies **121A**, **121B**, **121C**, **121D** formed and aligned, they may be attached to one another via attachment **123A**, **123B**, **123C** which may comprise any number of suitable attachment methods. For instance, silicone may be applied for maintaining the relative positioning of each sub-assembly along the entire length of the assembly or each individual sub-assembly may be adhered to another layer such as a silicone layer or directly to a hydrophilic fluid absorbent material such as gauze, sponge, or any of the materials described herein.

Regardless of the attachment mechanism, each of the sub-assemblies **121A**, **121B**, **121C**, **121D** may be formed with a gap, space, or channel formed between adjacent sub-assemblies to provide a channel or pathway for exudate to pass between the sub-assemblies and the hydrophilic fluid absorbent material which may optionally be placed adjacent to the fiber array. Alternatively, any number of hydrophilic wicking materials or channels **127** may be formed along the gap or channel between the sub-assemblies **121A**, **121B**, **121C**, **121D** to facilitate the wicking away of exudate from the underlying wound.

Additionally and/or alternatively, portions of the fiber array may be applied with an adhesive, e.g., adhesive silicone film, for securement to the patient over the wound surface.

As shown, the wound contact region **125** may be formed by the composite fiber array such that the wicking materials or channels **127**, if present, may be situated directly over the wound surface. The portions of the fiber array adjacent to one or both sides of the wound contact region **125** may form the oxygen absorption region (antenna region) **129** where oxygen may diffuse into the channels for further diffusion

into the underlying wound over the wound contact region **125**, as described herein. The ends **131** of the oxygen absorption region **129** may be optionally sealed to prevent exudate from entering into the channels.

As previously described, any of the features of this variation may be combined with the features of other variations. For instance, dressing incorporating the ridges or notches **102** may be used with the port **92** as previously described, if so desired.

Actuated Wound Dressings

In yet another variation, any of the wound dressing variations may optionally utilize mechanisms for increasing the oxygen availability to the wound while still allowing for exudate to pass into the hydrophilic absorbent material. FIG. **9** shows an illustrative variation of a dressing having an either a flattened silicone bag or a plurality of defined conduits **122** formed through the dressing. Either the bag or conduits **122** may circulate fluid such as oxygenated water, perfluorocarbons, or gaseous mixtures through the dressing to increase the oxygenation to the wound and to also prevent the formation of an oxygen gradient. Circulating the fluid may allow for the oxygen to diffuse into the conduits **122** and through the silicone membrane into the underlying wound. A pump **120** may be optionally integrated either with the dressing or it may be fluidly coupled to the dressing and worn or carried separately by the patient. Alternatively, rather than circulating the oxygenated fluid, pump **120** may be used to simply pulse the air and/or oxygen or mixtures thereof through the conduits **122**.

Another variation is shown in the perspective view of FIG. **10** which illustrates a dressing having an oxygen reservoir **124** integrated with the dressing. Reservoir **124** may contain oxygen for diffusion into and through the hydrophilic absorbent material **16** and for passage either directly into the wound or via the coated fibers **12** and subsequently into the wound. Pump **120** may optionally be a fluid connection to the reservoir **124** and the reservoir **124** may also be accessible for re-filling or for filling with other agents or fluids, where any of the agents or fluids as described herein may be used, or it may alternatively be removed entirely from the dressing and replaced with a substitute reservoir.

Methods of Manufacturing

In manufacturing a wound dressing with the features described, various methods may be used for forming the dressing. One variation is illustrated in FIGS. **11A** to **11F** where hollow or coated fiber oxygen conduits are formed directly onto substrate rods, the latter coated with a bonding polymer e.g. silicone. The several substrates or rods **130** each having, e.g., a rectangular cross-sections may be aligned adjacent to one another along a planar surface, as shown in the perspective view of FIG. **11A**. The length and width of the substrates or rods **130** may be varied depending upon the desired size and configuration of the final wound dressing, but one example may utilize the rods having a surface width of, e.g., 0.5 to 1.0 cm. With the substrates or rods **130** aligned, spacing rails **132** may be secured along one or both ends of the rods **130** to at least temporarily secure the position of the substrates or rods **130** relative to one another, as shown in FIG. **11B**, as well as to provide a guide for a silicone resin film **134** to be laid atop the substrates or rods **130** and between spacing rails **132**, as shown in FIG. **11C**. Thus, the spacing rails **132** may have a height which corresponds to the height of the resin film **134** to be laid atop the substrates or rods **130** such that the resin film **134** may be swept out with a straight edge using the rails

132 as a guide. For example, the spacing rails **132** may have a thickness of about 115 microns.

With the silicone resin film **134** swept out upon the substrates or rods **130**, the spacing rails **132** may be removed and the substrates or rods **130** may be separated individually before the resin film **134** cures, as shown in FIG. **11D**. The substrates or rods **130** may then be positioned upon a cylindrical spool **136** (e.g., having a 1 to 2 in. diameter) and attached via securing members **138**, e.g., rubber bands, such that the surface of the substrates or rods **130** opposite to the resin film **134** are placed against the spool surface and the resin film **134** is positioned to face outwardly relative to the spool **136**. Because of the rectangular cross-sectional shape of the substrates or rods **130**, parallel gaps **140** (e.g., about 1 to 2 mm) may be formed between each adjacent rod **130**, as shown in FIG. **11E**.

One or more lengths of fibers **142** may then be dragged or passed through a coating solution, e.g., silicone resin, and then wound onto the spool **136** by rotating the spool **136** either automatically or manually such that the coated fibers **142** are wound adjacent along the length of the spool **136**, as shown in FIG. **11F**. The rotational speed of the spool **136** may be varied, e.g., at 0.1 to 1.0 RPM to yield a pull-rate of about 0.6 in/min. Because the rods **130** with the silicone resin film **134** are spaced apart from one another with gaps **140**, the substrates or fibers **142** may be secured to one another with the corresponding gaps **140** formed transversely to the lengths of the fibers **142**. Once the film **134** has cured, one or more longitudinal cuts may optionally be made through the spooled fibers **142** and the completed fiber array may be removed from the spool **136**.

In dragging or passing the fibers through the hydrophobic solution, the fibers may be first wetted with a fluid such as water or alcohol such as ethanol, isopropanol or mixtures thereof (such as 30% to 70% isopropanol) to prevent the hydrophobic solution from wicking into and between the filaments, as described above. Once the coating has been placed over the fiber, the fluid may evaporate ensuring that the conduits between the filaments are open for oxygen passage. The coating or covering of these fibers as well as the pre-wetting with fluid may be utilized with any of the variations described herein.

Although the spool **136** variation is illustrated with a single common length of fiber **142**, other variations may incorporate hydrophilic fibers or other wicking fibers interspersed between the coated hydrophobic fibers **142**, as discussed above, or hollow tubes of oxygen permeable material rather than coated threads.

Yet another variation is shown in the top view of FIG. **12A** which illustrates a manufacturing method where a common length of fiber **12** may be wound in an alternating manner with a common length of hydrophobic fiber **52** upon a supporting frame **150**, e.g., a planar support. The width of the frame **150** may correspond to the desired width of length of the fiber array which contacts the wound region.

With the fibers wound parallel to one another and secured, one or more adhesive stripes **152**, e.g., silicone resin, may be laid transversely across the width of the fiber array such that formed gaps **154** are defined between the respective stripes **152**, as shown in the perspective view of FIG. **12B**. Once the adhesive stripes **152** have cured, the secured fiber array may be removed from the supporting frame **150**, as shown in the perspective view of FIG. **12C**. FIG. **12D** illustrates a detail bottom view showing how the hydrophobic coated fibers **12** are aligned in parallel in an alternating manner with hydrophilic fibers **52**. The adhesive stripes **152** may be seen with the formed gap **154** between exposing the respective fibers

12, 52 for contact against the wound. Alternatively, these materials can be woven, knit, or otherwise entwined in any fashion, providing the oxygen conduction from outside the wound surface is unimpeded and fluid connection between the wound surface and the hydrophilic absorbent material is preserved.

The fiber array may then have an oxygen permeable film 156, e.g., silicone film which may be temporarily backed by polyethylene for handling, may be aligned with the fiber array such that an open area 158 formed in the film 156 is aligned with the fiber array, as shown in the perspective view of FIG. 12E. The fiber array may be adhered to the film 156 with an adhesive such that the adhesive stripes 152 face away from the open area 158 of film 156. The hydrophilic absorbent material 16 may then be laid atop the fiber array and film 156 and optionally secured with an adhesive, as shown in the respective bottom and top views of FIGS. 12F and 12G.

With the fiber array and foam so arranged, the film 156 may be wrapped to cover and completely envelope the assembly while leaving the fiber array exposed within the open area 158 for contacting the wound, keeping the ends accessible to an oxygen reservoir as shown in the respective top and bottom views of FIGS. 12H and 12I. The exposed terminal ends of the fibers may be optionally wrapped over the top portion of the hydrophilic absorbent material 16, if desired, and secured (e.g., via RTV paste) as shown in respective bottom and top views of FIGS. 12J and 12K.

To complete the wound dressing, a frame of adhesive tape 160, e.g., medical adhesive tape, may be arranged around the fiber array and hydrophilic absorbent material so as to leave the open area 158 exposed for contact against the wound. FIGS. 12L and 12M show bottom and top views of an example where the adhesive tape 160 may be arranged about the assembly. The fiber array and hydrophilic absorbent material assembly may be adhered to or otherwise secured to the tape, which may be trimmed to form border 162, as shown in the respective bottom, top, and perspective views of FIGS. 12N-12P. The border 162 may thus allow for the dressing to be secured over a wound such that the exposed fibers 12, 52 along open area 158 directly contact the wound while border 162 prohibits or inhibits any exudate from wicking laterally along the dressing.

Yet another variation for manufacturing a fiber array assembly is shown in FIGS. 13A to 13C. In this variation, an array 170 of tines or elongate members may be used to comb or rake a thin layer of any of the oxygen diffusive materials described herein, such as RTV silicone paste, onto a cured silicone film. Such an array 170 may generally comprise a base 176 having a first set of aligned members 172 having a first length and a second set of aligned members 174 having a second length which is shorter than the first length. Each of the members 172, 174 may be alternated such that regions may be flamed between the members 172 and 174, as shown in FIG. 13A. The difference between the lengths of 172 and 174 may form the barriers between each adjacent oxygen diffusive channel.

A layer of the silicone paste may be laid upon the cured silicone film 178 and array 170 may be combed or raked over the film such that parallel channels 182 (where members 172 are raked) are formed between silicone barriers 180 (where members 174 are raked), as shown in FIG. 13B. A second thin film of silicone 184 may be laid upon the raked silicone paste prior to curing such that the channels 182 are enclosed and separated between films 178, 184 and silicone barriers 180, as shown in FIG. 13C.

Once the silicone has cured, the array may be cut or otherwise separated longitudinally between every few channels 182 to produce relatively thinner multi-lumen ribbons. The separated ribbons may be attached to adhered to one another (e.g., via bonding with orthogonally positioned silicone strips, as described herein) to form a composite fiber array such as the variation shown above in FIG. 8. An example is shown in the FIG. 14A which illustrates a fiber array which has been formed and cured and then cut longitudinally into individual sub-assemblies 121A, 121B, 121C, 121D. Although four sub-assemblies are shown, any number of sub-assemblies may be formed as desired. Each of the sub-assemblies may have one or several oxygen conduits formed through the ribbons.

Each of the sub-assemblies 121A, 121B, 121C, 121D may be aligned with respect to one another to form a composite fiber array 190 having longitudinally aligned gaps, spaces, or channels 196 between each adjacent sub-assembly, as shown in FIG. 14B. The composite fiber array 190 may then be either adhered directly to one another (e.g., via orthogonally aligned silicone adhesive, as described herein) and/or directly to another substrate such as a hydrophobic absorbent material 194 such as gauze, sponge, etc. Each of the oxygen conduits may be optionally filled at least partially with silicone to seal the channels to prevent or inhibit any exudate from wicking laterally through the channels.

FIG. 14C shows a top view of the absorbent material 194 having the composite fiber array 190 attached on the opposing side. A hydrophilic absorbent material may also be placed or situated along one or portions of the gaps or channels 196 to facilitate exudate wicking from the wound surface to the absorbent material 194. For instance, one or more absorbent threads (such as cotton threads) may be aligned longitudinally along the gaps or channels 196 between adjacent sub-assemblies 121A, 121B, 121C, 121D.

The oxygen channels of the composite fiber array 190 may be formed in any of the variations described above, if desired. For instance, fibers may be placed along each of the channels or the channels may be alternated with hydrophilic materials as well, as previously described.

With the composite fiber array 190 formed, it may be applied directly upon the wound for treatment. Alternatively, the fiber array 190 may be adhered or placed upon an adhesive border 196, as shown in FIG. 14D. In yet another variation, the composite fiber array 190 may be used without any hydrophilic absorbent material for application directly upon a wound surface. In yet another variation, the composite fiber array 190 may be used in conjunction with a conventional dressing such as an adhesive bandage 200. The composite fiber array 190 may be placed directly into contact against a wound surface between the gauze 202 of adhesive bandage 200, as shown in FIG. 14E. The oxygen antenna 129 may be placed to extend beyond the bandage to ensure oxygen absorption and diffusion through the channels while the assembly may be held against the wound surface via the adhesive 204 of bandage 200.

Compressible Designs

In alternative designs, the wound dressing assembly may be modified to conform more closely to wound topography while still allowing for control of gas composition and cycling of different compositions and even of compression pressure against the wound. Such dressings may optionally also allow for visualization of the wound.

One variation is shown in the bottom views of FIGS. 15A and 15B which illustrate a simplified wound dressing which may omit the hydrophilic absorbent material positioned above the substrate. The substrate 210 (e.g., comprised of

any of the suitable materials described herein) may have its one or more oxygen conduits or channels **14** (as described herein) extending through the substrate **210**. The substrate **210** may optionally further define exudate drainage regions **212** where the substrate **210** may be narrowed relative to the rest of the substrate **210**, e.g., hourglass shaped, such that the oxygen conduits or channels **14** are positioned to extend orthogonally relative to the direction of exudate flow while remaining exposed to the air.

An absorbent material may be optionally positioned in proximity to the exudate drainage regions **212** (e.g., above, around, at least partially around, or adjacent to the regions **212**) where it may absorb any exudate flowing laterally. If the lateral exudate flow is insufficient, the substrate **210** may be bulged or otherwise pressed against the wound **W** slightly to facilitate exudate flow towards the sides of the substrate **210** by squeezing or urging the exudate towards the less compressed sides of the substrate **210** (also described in further detail below). Additionally and/or alternatively, the substrate **210** may have one or more grooves defined along the wound contacting surface to facilitate channeling the exudate flow. Moreover, the substrate **210** may optionally be made with a wide ribbon covering the entire wound **W** and overlaid with an absorbent material which is relatively wider than the ribbon while maintaining exposure of the ends of the oxygen conduits or channels **14** to air.

FIG. **15B** shows another variation of the substrate **214** which may define one or more tubes or channels **216** which are filled with air and which also function to support the substrate **214**. In this variation, the ends **220** of the tubes or channels **216** may be sealed. Air may also be trapped in adjacent air channels **218**. In this variation, the exudate may be urged to flow laterally towards the sides of the substrate **214** relative to the direction of the tubes or channels **216**. As with the variation of FIG. **15A**, an optional absorbent material may be placed above or adjacent to the substrate **214** and/or relative to the exudate drainage region where the substrate **214** is narrowed although in other variations the narrowed region may be omitted entirely.

In yet another variation, a simple substrate **230** (e.g., any of the suitable materials described herein such as silicone) may optionally have one or more channels or grooves **232** defined along a lower wound contact surface **234** while its upper surface remains exposed to air, as shown in the perspective view of FIG. **16**. While the substrate **230** may optionally define the channels or grooves **232** to encourage lateral flow of exudate from the underlying contact wound through the channels, oxygen may be diffused from the air and through the substrate **230** directly to the underlying wound rather than through oxygen conduits.

In order to maintain the substrate **230** in a dry condition when exposed to air, a hydrophilic absorbent material **240** (e.g., any of the absorbent materials described herein) may be placed into proximity or adjacent to the sides of the substrate **230** rather than positioned atop the substrate surface. In one alternative, a thin film of non-foaming silicone may be coated upon a mold and then filled with foam within the mold. The mold may be configured into any desired such that the silicone coated material is thus formed with the foam within. One example is illustrated in the perspective view of FIG. **17** which shows absorbent material **240** shaped to define an opening **242** for receiving the substrate **230** within. While the absorbent material **240** is shown in a rectangular configuration, the material **240** may be shaped to receive any number of other substrate configurations which may be uniform or customized for a particular wound or patient anatomy. Because the absorbent material **240** is designed to

receive and surround the substrate **230** within, the absorbent material **240** may define one or several substrate contact surfaces **244** which may abut or be positioned into proximity to the substrate **230** for fluidly receiving any exudate.

By locating the absorbent material **240** away from above the substrate **230** and from the central portion of the dressing, the exudate may accumulate around the substrate **230** rather than above the oxygen diffusive portion. Moreover, because only the substrate **230** may contact the wound, adherence of the dressing to the wound may be minimized and the substrate **230** may more closely conform to the wound topography due to its relative flexibility.

In addition to the absorbent material **240**, an additional compressible material or pad may be optionally layered atop the substrate **230**. Such a compressible pad **250**, as shown in the perspective view of FIG. **18**, may be comprised of a material (e.g., an open cell foam, cotton, etc.) which allows for the unhindered diffusion of oxygen through the pad **250** and to the underlying substrate **230**. The pad **250** may be encapsulated in a waterproof oxygen permeable film or coating, such as silicone, to prevent exudate or other fluids from soaking the pad **250**. The pad **250** may have a substrate contact surface **252** which defines a protrusion **254** such as a curved or wedged portion which extends from the contact surface **252**. In use, the protrusion **254** may be placed against the substrate **230** to gently press or compress a portion (such as the central portion) of the substrate **230** against the underlying wound to force or urge any exudate to flow laterally from under the substrate **230** for absorption into the absorbent material.

One variation of such an assembly is shown in the exploded assembly view of FIG. **19A** which illustrates how the substrate **230** may be positioned with the channels or grooves **232** to face towards an underlying wound. The compressible pad **250** may be layered atop the substrate **230** such that the protrusion **254** is positioned to face towards and into contact against the substrate **230**. The absorbent material **240** may be placed into contact around the substrate **230** as well as the pad **250** such that the absorbent material **240** is in fluid communication with the channels or grooves **232** of the substrate **230**. As previously described, the channels or grooves **232** may be omitted in this variation as well as any of the variations described herein since the exudate may be urged via the protrusion **254** to flow laterally.

With the substrate **230** and pad **250** layered and with the absorbent material **240** placed around at least the substrate **230**, the assembly may present a low-profile dressing having a protruding portion **260** of substrate **230** extending in conformance with the protrusion **254** defined along pad **250**, as shown in the side view of the assembly in FIG. **19B**. The entire dressing assembly may be optionally encased or sealed by a fluid-permeable coating or covering **262** while the absorbent material **240** may be at least partially encased or sealed by a fluid-tight coating or covering which may prevent any exudate from leaking or seeping out of the material **240** or impede evaporation of water from accumulated exudate. The absorbent material **240** may remain in fluid communication along its contact surfaces **244** with the substrate **230**. Additionally, the absorbent material **240** may also be sealed to the enveloped pad **250** to prevent any exudate from wicking between the pad **250** and absorbent material **240**.

The side view of FIG. **19B** illustrates how the contact surface **264** of substrate **230** may protrude from the dressing for contact against the wound. Hence, when the dressing is placed against the wound, the contact surface **264** may apply

a gentle pressure or force against the wound to urge exudate from the wound to flow laterally, e.g., through the channels or grooves **232** of substrate **230**, and towards the absorbent material **240** which may absorb and retain the exudate within. While the dressing assembly is illustrated as having a central portion of the substrate **230** bowing outward from the dressing, the pad **250** as well as the substrate **230**, may be configured in alternative variations to curve or extend along other portions. For instance, a side portion of the pad **250** and substrate **230** may be curved to urge exudate in the contacted wound to flow along a single direction away from the curved side portion.

As previously described, the material **240** may be shaped to receive any number of other substrate configurations which may be uniform or customized for a particular wound or patient anatomy. Additionally and/or alternatively, rather than incorporating a protrusion along the pad **250**, the protrusion may be formed along another portion of the dressing assembly (e.g., along a top surface of the pad, a separately incorporated layer having a protrusion, etc.) or it may be formed by another mechanism such as an external compress or bandage having some protrusion pressing against the dressing assembly. Any of the features may be utilized in combination to produce the protrusion for contact against the wound, if so desired.

FIGS. **20A** and **20B** show side and perspective views of another variation where the dressing assembly **270** may be shaped into a circular configuration. The hydrophilic absorbent material **272** may be circularly shaped (or any other suitable shape) to receive a compressible pad or inflatable balloon **274** which is correspondingly configured. For instance, in one variation, the absorbent material **272** may be formed as a simple washer configuration. In yet other variations, the absorbent material **272** may be configured to be removable from the dressing assembly **270** allowing for replacement of the material **272**, for example when full of exudate, without having to remove the dressing from the wound or skin surface.

The protruding portion **276** of the encased substrate (which may or may not omit the channels or grooves therealong) may be seen having a protruding contact surface **280** while the dressing may be encased in a coating or covering **278**, as previously described. Because the dressing assembly **270** may be circularly configured, the exudate from the contacted wound may be forced to flow out radially rather than laterally towards the absorbent material **272**.

In alternative variations, the absorbent material **272** may be omitted entirely and instead replaced by a bag or expandable reservoir chamber which may be shaped in a corresponding manner, e.g., toroidal or washer-shaped. In this variation as well as any of the variations described, the underlying portion of the absorbent material **272** may include an adhesive or incorporate an adhesive skirt emanating radially for securing the dressing upon the skin surrounding the wound. In yet other variations, an elastic bandage (e.g., commercially available bandage) may be optionally applied over the dressing assembly **270** to further secure the dressing to the patient as well as to provide additional compression of the dressing against the wound.

In yet another variation, one or more ports may be optionally incorporated into the dressing assembly, as shown in the perspective view of FIG. **21A**. An optional exudate access port **294** may be incorporated along the absorbent material **272** to provide access for removing any excess exudate. Additionally and/or alternatively, one or more optional ports may be provided along the pad or substrate for introducing and/or flow gas mixtures through the either the

inflatable balloon or encapsulated compression pad. For instance, a gas inlet port **290** and/or gas outlet port **292** may be provided. Alternatively, any number of agents or medicaments may be introduced through the ports for application to the underlying wound.

In other variations, rather than incorporation of ports, one or more regions of the dressing may incorporate septum (e.g., urethane or polymeric portions) through which agents or medicaments may be introduced or fluids removed via the insertion of needles through the septum. A contact region **296** between the pad and absorbent material may be seen around the periphery of the pad.

As described above, a compressible pad or inflatable balloon **274** may be used to bulge out the substrate into compressive contact against the wound. The use of a balloon with a port may allow for the introduction of air, e.g., from an air-filled syringe, to enable the adjustment of the pressure to accommodate different needs. Such an inflatable balloon **274** may be inflated with oxygen rather than air to increase the oxygen concentration in contact with the wound. This may also allow for the cycling of different concentrations of oxygen.

Additionally and/or alternatively, the inflatable balloon **274** may be coupled to a regulated source such as a pump **298** through one or more of the ports **290**, as shown in the perspective view of FIG. **21B**. A second opening or port **292** in the balloon **274** may allow the oxygen to flow through the balloon **274** continuously to also prevent equilibration with air. In yet another variation, introduction or flow of a fluid or gas (such as air) through the one or more ports **290** or septa may be introduced not only for the infusion of an inflation fluid for inflating balloons, but also for the expansion of one or more encapsulated pads as well which may be used, e.g., for providing a compressive force.

In yet another variation shown in the perspective view of FIG. **22**, a dressing assembly **300** may incorporate a hydrophilic absorbent material **302** and a compressible pad or inflatable balloon **304** which may form the protruding portion **306** of the encased substrate extending from the contact surface **312**, as described above. The dressing may also incorporate coating or covering **310**. However, the dressing may incorporate an open annular gap **308** which may be perforated to receive any exudate for absorption by the absorbent material **302**. Moreover, the contact surface **312** may also optionally include an adhesive **314** e.g., around the periphery of the dressing, to secure the dressing **300** upon the skin surrounding the wound to be treated.

As described previously, this variation (as well as any of the other variations described) may optionally incorporate one or more ports or inflatable balloons or variously configured pads or balloons.

FIG. **23** shows a side view of yet another dressing assembly **320** formed as previously described. However, an additional permeable membrane **322** (e.g. perforated silicone) may be formed to span the annular gap between the protruding portion **276** and the absorbent material **272** along the contact surface that is pressed against the wound. The inclusion of membrane **322** may prevent any exudate from collecting within the annular gap.

Yet another variation of the dressing assembly **330** is shown in the side view of FIG. **24**, which illustrates a portion of the compressible pad **274** removed to form an opening **332**. The portion removed from the pad may be sized to match a size of the underlying wound such that the opened portion is placed directly over and encircles the wound. The substrate **230** may extend a distance from the wound to

facilitate oxygen diffusion as well as diffusion directly through the substrate **230** covering the wound.

In any of the embodiments described above which utilize the absorbent material, rather than using a hydrophilic material a hygroscopic materials (e.g., polyacrylamide, etc.) may be used instead to avoid any exudate from being squeezed out, particularly where the adhesive may fail to seal the periphery of the dressing to the skin. For instance, hygroscopic beads may be used in place of the hydrophilic material by containing the beads within a mesh, fabric or perforated film. If such a hygroscopic material is used, a material having a relatively high molecular weight exclusion to minimize concentration of toxic factors and fouling may be utilized.

Yet another variation is shown in the side and perspective views of FIGS. **25A** to **25C** which show a dressing assembly **340** formed to have the substrate and optional compressible pad enveloped within a coating or covering **342**, as previously described. The contact surface **344** as well as the enveloped compressible pad may be both formed as dome-shaped or curved structures which intersect with one another along a border **346** which may extend circumferentially, e.g., around the periphery of the dressing, to adhesively secure the dressing assembly **340** upon the skin surrounding the wound to be treated. Alternatively, the circumferential border **346** may extend around the dressing and function as a structural member for supporting an absorbent material which may be placed upon or into contact against the border **346** such that the contact surface **344** (when compressed into contact against the underlying wound) may urge any exudate to flow laterally for absorption into the absorbent material which may be integrated with or alternatively positioned upon the border **346**.

In yet another variation, FIGS. **26A** and **26B** show top and side views of a dressing assembly **350** also having a substrate and optional compressible pad contained within a coating or covering **354**. A circumferential border **352** may also be formed around the dressing such that the border **352** is supported by one or more radially extending supports **356**. These supports **356** may extend away from the dressing and form a plurality of annular openings **358** between the border **352** and the dressing. Moreover, while the contact surface **360** may extend below the border **352** in a curved manner for contacting the underlying wound, as shown in the side view of FIG. **26B**, the supporting portion **362** of the dressing extending above the border **352** may curve and terminate in a flattened surface for presenting a relatively low profile when the dressing assembly **350** is placed upon the skin of the patient.

With the contact surface **360** containing the substrate and optionally compressible pad within, the border **352** extending circumferentially may function as a support for positioning an absorbent material **364** upon the dressing. As illustrated in the side, bottom, and perspective views of FIGS. **27A** to **27D**, the absorbent material **364** may be comprised of any of the suitable materials described herein although in this variation, the absorbent material **364** is shaped into a disc or washer configuration which defines an opening **366** which may be sized to receive the supporting portion **362** of the dressing. Hence, the dressing assembly **350** may have the absorbent material **364** placed upon the border **352**, as shown in FIG. **27B**, such that the assembly still presents a low-profile. The absorbent material **364** may remain attached to the supporting portion **362** via attachment between the opening **366** and supporting portion **362** (e.g., via an interference fit, adhesive, etc.) such that the absorbent material **364** remains exposed through the annular openings

358, as shown in the bottom view of FIG. **27C**. Accordingly, with the contact surface **360** of the dressing placed upon the wound, the exudate may be urged laterally via the compressive force placed against the wound by the dressing assembly **350** such that the exudate may flow through the annular openings **358** for absorption by the absorbent material **364**.

Additionally, because the absorbent material **364** may be removed from the dressing while the dressing assembly **350** remains upon the wound and in contact against the patient's skin surface, the absorbent material **364** may be removed and changed periodically without disturbing the wound or dressing. The absorbent material **364** may also be placed into proximity to the wound **W** either with the dressing assembly **350** or after placement of the assembly **350** upon the skin surface, as shown in the perspective assembly view of FIG. **28**.

The apparatus and methods disclosed above are riot limited to the individual embodiments which are shown or described but may include combinations to wound dressings which incorporate individual features between the different variations. Modification of the above-described assemblies and methods for carrying out the invention, combinations between different variations as practicable, and variations of aspects of the invention that are obvious to those of skill in the art are intended to be within the scope of the claims.

What is claimed is:

1. A method of treating a wound, comprising:

providing a wound dressing having a compressible pad which defines at least one protrusion and further having an oxygen-diffusive substrate which is water resistant and defines a contact surface and a hydrophilic absorbent material in fluid communication with at least one portion of a periphery of the oxygen-diffusive substrate;

pressing at least a portion of the substrate against the wound such that the at least one protrusion contacts and conforms the substrate to a surface of the wound and exudate from the wound is urged to flow laterally along the substrate and into the absorbent material; and, diffusing oxygen through the oxygen-diffusive substrate and into the wound.

2. The method of claim 1 wherein the oxygen-diffusive substrate is comprised of silicone.

3. The method of claim 1 further removing excess exudate from the wound via at least one access port upon the wound dressing.

4. The method of claim 1 further comprising infusing a drug, medicant or agent into the wound dressing.

5. The method of claim 1 wherein pressing at least a portion of the substrate against the wound comprises pressing against the wound via the at least one protrusion.

6. The method of claim 1 wherein pressing at least a portion comprises adhering the wound dressing around a periphery of the wound via an adhesive border.

7. The method of claim 1 further comprising wicking the exudate across the substrate via one or more channels or grooves defined along the contact surface.

8. The method of claim 7 wherein the channels or grooves transect the contact surface.

9. The method of claim 1 wherein pressing at least a portion of the substrate against the wound comprises introducing a fluid or gas via a reservoir fluidly coupled to the substrate.

10. The method of claim 9 further comprising cycling the fluid or gas through the wound dressing via one or more ports.

11. The method of claim 1 further comprising removing and/or replacing the absorbent material without removing the oxygen-diffusive substrate from the wound.

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